

COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1962

Telephone No.
Southport 5523.

Health Department,
2 Church Street, Southport.

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HEALTH COMMITTEE

The Worshipful the Mayor

Alderman Dr. S. J. HEPWORTH, J.P.

Chairman: Councillor Dr. W. LIMONT, J.P.

Vice-Chairman: Councillor H. GLAISHER

Alderman W. BERWICK

Alderman Dr. H. COATES, J.P.

Alderman W. PAULDEN

Alderman Mrs. E. SMITH

Councillor F. BROOKE

Councillor J. Campion

Councillor R. B. HUGHES

Councillor R. J. HUGHES

Councillor Mrs. J. LEECH

Councillor E. McCABE

Councillor Mrs. B. POGSON

Councillor L. F. SPENCE

Councillor Mrs. F. M. TURNER

Councillor G. S. WILKINS

Co-opted Member: Dr. P. Y. LYLE, M.C.

SUB-COMMITTEES

Accounts.

Certificates of Disrepair.

Chiropody Joint.

Health and Education Joint.

Home Nursing Joint.

Mental Health Services.

National Assistance Act, 1948 (Section 47)

Workable Area Committee (Rodent Control).

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1962

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF SOUTHPORT

Your Worship, Ladies and Gentlemen,

I have the honour to present my report for the year 1962.

One of the difficulties about a report of this kind is that it cannot be completed until well on into the year ahead of that to which it pertains: the reason for this is that many of the statistics which it contains are dependent on figures supplied by the Central Government and they are not usually available until some months after the year end. The usefulness and value of such reports are, therefore, more a matter of record than of topical interest. Nevertheless they serve to show over a period of years what real progress is made by any community in all the various aspects of public health: they serve also in allowing the Medical Officer of Health to emphasize any matters affecting the health of the people to which special attention should be given.

In my last report I drew special attention to the steadily declining population of the town and do not need to say more at present than that this continues and that the number of people over the age of 65 is constantly rising. There are estimated now to be some two hundred residents aged ninety years or more.

The infantile mortality rate, i.e. the number of babies who died during the first year of life, per thousand live births, was 20.71, a figure almost exactly that of the national average: the rate is slightly higher than last year but is a satisfactory one.

Quite the most important event of the year was the direction from the Central Government to formulate plans and submit proposals to extend the town's local health and welfare services over the decade 1962—1972, so that in future only patients requiring medical care, investigation and treatment which could not be given at home, would be admitted to hospital. In the past, many patients were admitted to hospital chiefly on social grounds and indeed still are.

Government policy is now that if the patient can obtain from the Family Doctor Service the medical help necessary, and from the local health authority service the Home Nursing, Home Help and other care required, then he or she must stay at home. A radical change of this kind takes time and costs money. However, advances in modern medical and surgical knowledge have altered the practice of medicine to a major degree in recent years and in hospital particularly, teams of trained personnel are sometimes required to treat a single patient. It seems very likely that team work will spread also to some other forms of practice: the majority of Family Doctors now work in partnership and there is some demand from them for the services of Health Visitors, in the same way as they can command help from the local authority employed Home Nurses and Midwives. Many more ancillary staff will be needed if the proposals in the Ten Year Plan are to be implemented. The importance of this Plan is so great that the proposals are printed in full in the body of the report.

The practice of medicine in this Country is largely based on what is called the doctor-patient relationship and this developed from the fact that people almost always, only consulted their doctors in the past when they felt ill and perhaps needed curative treatment. Medical education is very much confined to hospital and concerned with sick people. The emphasis throughout our National Health Service is on curative medicine. The costs in drugs, and advanced surgical techniques, such as that required to remove a cancerous lung, are ever increasing.

The local health authority has, however, always had an interest in the prevention of disease and indeed many of the services provided by a local authority only came into being because of the need to avoid disease in the community. Hence we have our carefully treated water supplies and our pasteurised milk from tuberculosis free cows. Measures of this kind have only gained complete acceptance when the public was convinced as to their value. Indeed, doctors were so convinced long before there was legislation on the subject. This was a matter of education. Our knowledge of disease and its causation is now sufficient to point the way to further major gains in health, but there are already indications that such measures may not be well received by the people. One such measure is the fluoridation of water supplies which in my view would bring great benefit, and no ill, to the population. The benefit would be to our children's teeth and would persist as they grow into adult life. A second matter is the evidence now available to the general public about the statistical relationship between lung cancer and smoking to excess. Most doctors acknowledge that smoking is deleterious to health and indeed quite a number, who used to smoke heavily, no longer do so: nevertheless many accept the risks involved even though they know that the chance of survival for five years after operative treatment for a cancer of the lung is very small. It is a reflection on the attitude of mind of the public towards positive individual action to safeguard health, that the consumption of cigarettes has increased from 80 million lbs. in 1920 to 230 million lbs. in 1962.

Again it is increasingly becoming recognised in medical circles that people who are too heavy have a poorer expectancy of life than their colleagues whose weight is average or below. In school and infant welfare centre it is common to see children and babies who are too fat. This may be a mark of our increasingly well off society but advice aimed at reducing the overweight patient is often ill received and not acted upon.

To promote good health in such ways is infinitely more difficult and more time consuming for trained personnel than, for example, getting rid of old Bristol-type toilets and their replacement by modern flush toilets, or the installation of bathrooms and hot water in the large number of houses in the town still without such facilities. In all these matters as also in most matters associated with the promotion of health, health education is a major factor.

The Ten Year Plan proposals include the appointment of a Health Education Officer and I think that when an appointment has been made there will be rapid development of a Health Education Section in the Department. In the meantime a film projector costing £275 has been purchased to help existing staff in their efforts, and has already proved its worth.

The main interest in the Mental Health Section lies in the arrangement made between the Liverpool Regional Hospital Board and the Local Health Authority, whereby Dr. Erskine Howie, Consultant Psychiatrist to the Board, will give one half day a week to the Mental After Care Service and will help in the development of the proposals made under the Mental Health Act, 1959. Great difficulty locally, continues in the finding of suitable accommodation for those elderly residents who require care and attention because of mental, rather than physical, deterioration in old age. It seems probable that the suggestion in the Ten Year Plan that the Health Authority may have to provide a special hostel for them, will have to be implemented, sooner than was anticipated. The hospital provision for the more serious patients with this type of degeneration I have thought to be inadequate for a number of years.

Some progress has been made during the year in connection with the Lincoln House scheme and it is hoped that the new centre will be at least partly in operation in 1963. It would be appropriate at this time to say again that the increasing work which the Department is being called upon to do cannot be performed efficiently in the present buildings. Lack of adequate space in the three old houses which make up the central offices and clinics will prevent the expansion required by the Ten Year Plan proposals. No progress has been made during the year in the plans to accommodate the various services. This matter was considered in 1959 and has been in abeyance since then pending a decision about the building of the proposed new Town Hall. It is in my view essential if full efficiency is to be obtained, not to divorce the administrative offices of the Department from the central clinics. Therefore, if it is decided to incorporate the Health Department in the proposed new Town Hall, it should be done by housing the office and clinic accommodation together in a separate wing of the new building. There is much to be said for retaining a separate Health Department in new buildings on the present corner site at 2 Church Street—44/46 Houghton, Street which has been used for so long for Health Services: at present, however, there is some doubt as to whether this site is big enough and there would be difficulty in housing the Department temporarily while building was proceeding.

I wish to express my thanks to the members of the Council as well as to my medical colleagues in the town for their support and consideration throughout the year. The staff also deserve the thanks of the Council and of myself for the constant efforts which they put forth to give good service.

I am,

Yours faithfully,

G. N. M. WISHART,

Medical Officer of Health.

SPECIAL COMMENTS

Dr. H. Gordon left the department during the year to become Deputy Medical Officer of Health/Principal School Medical Officer to the County Borough of West Hartlepool and Dr. Susan Kay was appointed in his place.

In November, Mr. George E. Hadley, Deputy Chief Public Health Inspector retired at the end of 37 years service with the Department.

His vacancy was filled by the promotion of Mr. W. Vickers, former Food and Drugs Inspector and Sampling Officer.

Mr. David Taberon, Pupil Public Health Inspector, was successful at the first attempt in obtaining his statutory qualification, and was appointed to the staff as a Public Health Inspector. Mr. Taberon has been a pupil with the Department for four years.

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

AT 31st DECEMBER, 1962

MEDICAL STAFF

Medical Staff (Full-Time)—

Medical Officer of Health	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.
Deputy Medical Officer of Health	D. J. ROBERTS, M.A., M.B., B.Chir. M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health	ANNA I. DAVISON, M.B., CH.B.
Assistant Medical Officer of Health	SUSAN KAY, M.B., B.S., M.R.C.S., L.R.C.P.

Medical Staff (Part-Time)—by arrangement with the Liverpool Regional Hosp. Brd.

Medical Officer for Tuberculosis Service	R. S. COOK, M.B., CH.B.
Consultant Psychiatrist to the Child Guidance Clinic	K. M. FRASER, M.B., CH.B., D.C.H., D.P.M.

Visiting Consultant Medical Staff—

Ante-Natal and Post-Natal Clinic	N. E. LAURENCE, F.R.C.S.
Eye Clinic	D. RANKINE, M.B., CH.B.
Ear, Nose and Throat Clinic	R. V. TRACY-FORSTER, F.R.C.S., M.B., CH.B., D.L.O.
Skin Clinic	A. ROBY JONES, M.D.

DENTAL STAFF

Principal Dental Officer	W. MARTLAND, L.D.S., R.C.S. (Eng.)
Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.)
Consultant Orthodontist (part-time)	H. POGREL, L.D.S.(LIV.), L.D.S., R.C.S.(Eng.), D.ORTH.R.C.S. (Eng.)
3 Attendants	

NURSING STAFF

Superintendent Health Visitor/ School Nurse.	Miss. E. DOWD, S.R.N., S.C.M., H.V. Cert.
Senior Health Visitor/School Nurse.	Miss A. MULLAN, S.R.N., S.C.M., H.V. Cert.
12 Health Visitors/School Nurses.	
1 Tuberculosis Health Visitor.	
1 Geriatric Health Visitor.	
1 State Registered Nurse for geriatric duties.	
2 Clinic Nurses.	
Non-medical Supervisor of Midwives, Inspector of Nursing Homes and Domestic Help Service Organiser	Miss M. MCALEAVY, S.R.N., S.C.M.
3 District Midwives.	

Home Nursing

(Under Agency arrangements)

Superintendent, District Nurses' Home. Miss A. BURROWS, S.R.N., S.C.M.,
Q.I.D.N.
Deputy Superintendent, District Nurses' Home. Miss S. DUGDALE, S.R.N., S.C.M.,
Q.I.D.N.
16 Home Nurses.
(13 full-time; 3 part-time).

Day Nurseries

Matron, Southport Day Nursery Miss A. K. BAXTER, S.R.N., S.C.M.,
S.R.C.N.
Matron, Bedford Park Day Nursery Miss M. RAYNOR, C.N.N.

Medical Auxiliaries

Physiotherapist Mrs. V. A. MACLEOD, M.C.S.P.
Physiotherapist (part-time) Mrs. P. S. FLOWER, M.C.S.P.
Occupational Therapist Mrs. J. C. HAWKYARD, M.A.O.T.
Speech Therapist Vacant
Chiropodist (part-time) W. H. ROGANS, M.CH.S.

Mental Health Service

Senior Mental Welfare Officer K. BAIN, S.R.M.N., R.M.P.A.
2 Mental Welfare Officers
1 Mental Welfare Assistant
Supervisor, Training and Industrial Mrs. I. BAYLEY
Centre.
Senior Assistant Supervisor, Training Mrs. M. TOWNLEY, S.E.A.N.
and Industrial Centre.
3 Assistant teachers.
1 Craftsman/teacher.
1 Craft Instructress.

Child Guidance Service

Educational Psychologist A. E. N. FAWCETT, B.SC.
Psychiatric Social Worker Miss E. MURPHY, B. Soc. Sc.,
A.A.P.S.W.

Public Health Inspectors

Chief Public Health Inspector S. D. BURGE, M.P.S.H., M.A.P.H.I.
Deputy Chief Public Health Inspector W. VICKERS, M.A.P.H.I.
3 Specialist Inspectors.
4 District Inspectors.
1 Pupil Inspector.

Miscellaneous Staff

1 Infectious Diseases Enquiry Officer.
1 Rodent Officer.
1 Mortuary Technician

Domestic Help Service

Domestic Help Organiser Miss M. McALEAVY, S.R.N., S.C.M.
(Non-medical Supervisor of
Midwives and Superintendent
of Nursing Homes).

Clerical Staff

Administrative Assistant F. H. DIX, A.C.I.S., Grad. A.C.C.A.
Chief Clerk W. R. HOLGATE
3 Senior Clerks.
13 Clerks and shorthand/typists.

Ambulance Service

Chief Fire and Ambulance Officer J. PERKINS, Grad. I. Fire E.
Analyst
Public Analyst G. H. Walker, PH.D., F.R.I.C.

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Part I

STATISTICAL INFORMATION

Summary of Statistics

Births—

General

Still

Illegitimate

Premature

Deaths—

Infantile

Maternal

General

Certain Vital Statistics

Comparative figures with England and Wales

GENERAL STATISTICS

Area of County Borough (including Foreshore)	...	...	...	...	18,333 acres
Area of County Borough (excluding Foreshore)	...	...	...	...	9,426 acres
Population (1961 Census, Preliminary Report)	...	...	...	...	81,976
Population (estimated by the Registrar General), middle of 1962	...	...	...	...	80,730
Density of Population per acre (excluding Foreshore)	...	...	...	...	8.6
Number of Inhabited Houses	...	...	...	...	26,473
Number of Permanent Houses and Flats erected and completed during 1962	...	...	...	...	255
Rateable Value, 1st April, 1963	...	...	...	...	£3,795,445
Sum represented by a penny rate	...	...	...	...	£14,953

VITAL STATISTICS

Live Births	...	...	...	...	...	...	...	...	1,062
Live birth rate per 1,000 population	...	...	...	...	...	...	...	...	13.15
								(Adjusted rate	14.86)
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	...	6%
Still-births	...	...	...	...	...	...	...	...	17
Still-births rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	15.75
Total live and still-births	...	...	...	...	...	...	...	...	1,079
Infant deaths	...	...	...	...	...	...	...	...	22
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	...	...	20.71
Infant deaths rate per 1,000 live births—legitimate	...	...	...	...	...	...	...	...	22.07
Infant deaths rate per 1,000 live births—illegitimate	...	...	...	...	...	...	...	...	—
Neo-Natal mortality rate per 1,000 live births (first four weeks)	...	...	...	...	...	...	...	...	10.36
Early Neo-natal Mortality Rate	...	...	...	...	...	...	...	...	7.53
Perinatal Mortality Rate	...	...	...	...	...	...	...	...	23.17
Maternal deaths (including abortion)	...	...	...	...	...	...	...	...	1
Maternal mortality rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	0.93
Total Deaths (Males, 661; Females, 831)	...	...	...	...	...	...	...	...	1,492
Death Rate (per 1,000 population)	...	...	...	...	...	...	...	...	17.24
Adjusted Death Rate (per 1,000 population)...	...	...	...	...	...	...	...	...	12.69
Deaths from Whooping Cough (all ages)	...	...	...	...	...	...	...	...	Nil
Deaths from Measles, (all ages)	...	...	...	...	...	...	...	...	Nil
Deaths from Diarrhoea, under 2 years of age	...	...	...	...	...	...	...	...	2
Deaths from Pulmonary Tuberculosis (Males, 3; Females, 1)	...	...	...	...	...	...	...	...	4
Death Rate from Pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	...	...	...	...	0.05
Deaths from Non-pulmonary Tuberculosis	...	...	...	...	...	...	...	...	Nil
Death Rate from Non-pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	...	...	...	...	—
Deaths from Cancer (Males, 115; Females, 147)	...	...	...	...	...	...	...	...	262
Death Rate from Cancer (per 1,000 population)	...	...	...	...	...	...	...	...	3.24

Illegitimate Births—Illegitimate births accounted for 6% of the total births, and numbered 65.

Prematurity—(i.e., babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation).

During 1962, 74 premature births (6.9 per cent. of the total births) were notified in Southport, as follows:—

							Live	Stillborn		Total
Born at home							6	...	11	17
Born in hospital							57	...	—	57
Born in nursing homes							—	...	—	—
							63		11	74

A summary of the place of treatment of these small babies and the results obtained is shown on page 16.

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Total (2)	Died within 24 hours (3)	Survived 28 days (4)	Total (5)	Died within 24 hours (6)	Survived 28 days (7)	Total (8)	Died within 24 hours (9)	Survived 28 days (10)	Total (11)	Died within 24 hours (12)	Survived 28 days (13)	Total (14)	Died within 24 hours (15)	Survived 28 days (16)
(1)															
3 lbs. 4 ozs. or less	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	10	—	9	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	19	1	16	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	26	—	26	6	—	6	—	—	—	—	—	—	—	—	—
TOTALS	57	3	51	6	—	6	—	—	—	—	—	—	—	—	—

Infant Mortality—During the year 22 infants died in the first year of life, giving an infant mortality rate of 20·71 per 1,000 live births.

Infant mortality rate, 1962 20·71 per 1,000 live births
 Infant mortality rate, England and Wales (1962) ... 20·70 per 1,000 live births

Of the 22 infants, 11 died in their first month of life giving a neo-natal mortality rate of 10·36 per 1,000 live births as compared with a rate of 15·10 per 1,000 live births for England and Wales.

The following table gives the details of the total deaths registered under one year:—

Infants under 4 weeks									Infants 4 weeks to 12 months										
Cause of Death	Under 24 hrs.		24 hrs. to 7 days		7 days to 4 wks.		Total under 4 wks.		Cause of Death	1-3 mths.		3-6 mths.		6-9 mths.		9-12 mths.		Total 4 wks. to 12mths	
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F
Immaturity	1	2	2	-	-	1	3	3	Broncho-pneumonia ...	-	-	1	-	1	-	-	1	2	1
Capillary Bronchitis ...	-	-	-	-	-	1	-	1	Capillary Bronchitis ...	1	-	-	-	-	-	-	-	1	-
Broncho Pneumonia ...	-	-	-	-	1	-	1	-	Gastro-enteritis ...	-	-	-	2	-	-	-	-	-	2
Asphyxia Pallida ...	1	-	-	-	-	-	1	-	Congenital Heart-disease ...	-	-	-	-	1	-	-	-	1	-
Internal Haemorrhage ...	-	-	-	1	-	-	-	1	Haemolytic Anaemia ...	1	-	-	-	-	-	-	-	1	-
Intra-partum pneumonia ...	-	-	1	-	-	-	1	-	Bilateral pneumothorax ...	-	-	-	-	1	-	-	-	1	-
									Asphyxiation	-	-	1	-	-	1	-	-	1	1
TOTALS	2	2	3	1	1	2	6	5	TOTALS	2	-	2	2	3	1	-	1	7	4
TOTALS MALES AND FEMALES ...	4		4		3		11		TOTALS MALES AND FEMALES	2		4		4		1		11	

SUMMARY

Deaths of Infants	M.	F.	TOTAL
(a) Under 1 week... ..	5	3	8
(b) Under 4 weeks (Includes (a))	6	5	11
(c) Under 1 year (Includes (a & b))	13	9	22

Comparative Infant Death Rates per 1,000 Live Births

Year	Rate
1871	170
1881	100
1891	124
1901	163
1911	113
1921	70
1931	68
1941	57
1951	41
1961	17*
1962	22

* Lowest year on record since 1871

Perinatal Mortality—

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life, expressed as a rate per thousand births, both live and still. The rate for Southport during 1962 was 23·17.

Maternal Mortality—

The following table gives details of live births, live and still births and maternal deaths which have occurred within the Borough during the last 20 years, together with the rates per 1,000 live and still births.

Year	No. of Live Births	No. of Live and Stillbirths	MATERNAL DEATHS RATES PER 1,000 LIVE AND STILLBIRTHS					
			Sepsis		Other Causes		Total	
			No.	Rate	No.	Rate	No.	Rate
1943	1048	1083	—	—	1	0.92	1	0.92
1944	1168	1198	—	—	2	1.67	2	1.67
1945	1018	1058	1	0.95	3	2.83	4	3.78
1946	1237	1268	1	0.79	—	—	1	0.79
1947	1325	1351	—	—	2	1.48	2	1.48
1948	1167	1195	—	—	2	1.67	2	1.67
1949	986	1008	—	—	2	1.98	2	1.98
1950	890	907	—	—	—	—	—	—
1951	884	906	—	—	—	—	—	—
1952	957	991	—	—	2	2.02	2	2.02
1953	951	982	—	—	—	—	—	—
1954	890	908	—	—	—	—	—	—
1955	912	933	—	—	1	1.07	1	1.07
1956	945	984	—	—	1	1.02	1	1.02
1957	972	994	—	—	—	—	—	—
1958	989	1019	—	—	—	—	—	—
1959	1031	1059	—	—	—	—	—	—
1960	1071	1094	—	—	1	0.91	1	0.91
1961	1091	1121	—	—	—	—	—	—
1962	1062	1079	1	0.93	—	—	1	0.93

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1962
Total Deaths — 1,492

CAUSE OF DEATH	1961		1962	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	623	42·10	625	41·90
Cancer	218	14·73	262	17·56
Vascular Lesions of nervous system... ..	236	15·94	227	15·21
Respiratory Diseases... ..	163	11·01	153	10·26
Violence, including suicide	65	4·39	60	4·02
Ulcer of Stomach and Duodenum	13	0·88	16	1·07
Tuberculosis, all forms	4	0·27	4	0·27
All Other Causes	158	10·68	145	9·71
	1,480	100·00	1,492	100·00

DEATHS (Table 1)
Causes of, and Ages at, Death for year 1962

CAUSES OF DEATH	To- tals at all ages	AGE DISTRIBUTION															
		MALES									FEMALES						
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	To- tals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75
1 Tuberculosis—Respiratory...	4	—	—	—	—	—	2	1	—	3	—	—	—	—	—	—	1
2 Tuberculosis—Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3 Syphilitic Disease ...	6	—	—	—	—	—	1	1	2	4	—	—	—	—	—	—	—
4 Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other Infective and parasitic diseases ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
10 Malignant Neoplasm, Stomach ...	38	—	—	—	—	1	3	7	4	15	—	—	—	—	—	3	10
11 Malignant Neoplasm, lung bronchus ...	61	—	—	—	—	2	10	20	14	46	—	—	—	—	3	6	3
12 Malignant Neoplasm, breast	31	—	—	—	—	—	—	—	—	—	—	—	—	—	1	13	11
13 Malignant Neoplasm, uterus	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	2
14 Other Malignant and Lymphatic Neoplasms ...	113	—	—	—	—	—	23	12	15	50	—	—	2	1	2	17	22
15 Leukaemia ...	6	—	—	1	—	—	—	1	2	4	—	—	—	—	—	1	1
16 Diabetes ...	8	—	—	—	—	—	—	1	1	2	—	—	—	—	—	2	2
17 Vascular lesions of Nervous System ...	227	—	—	1	—	1	17	22	38	79	—	—	—	—	1	10	33
18 Coronary Disease—Angina...	260	—	—	—	—	1	54	51	44	150	—	—	—	—	1	11	34
19 Hypertension with Heart Disease ...	18	—	—	—	—	—	2	1	2	5	—	—	—	—	—	2	6
20 Other Heart Disease ...	257	—	—	—	—	2	6	18	61	87	—	—	—	—	—	7	20
21 Other Circulatory Disease ...	90	—	—	—	—	—	6	9	11	26	—	—	—	—	1	5	14
22 Influenza ...	11	—	—	—	—	—	—	1	2	3	—	—	—	—	—	1	—
23 Pneumonia ...	66	5	—	—	1	—	5	5	15	31	—	—	—	—	—	2	7
24 Bronchitis ...	70	—	—	—	—	—	14	20	18	52	—	—	1	—	—	2	6
25 Other Diseases of Respiratory System ...	6	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—	2
26 Ulcer of Stomach and Duodenum ...	16	—	—	—	—	—	—	6	6	12	—	—	—	—	—	1	2
27 Gastritis, Enteritis and Diarrhoea ...	14	—	—	—	1	—	3	1	1	6	2	—	—	—	—	1	1
28 Nephritis and Nephrosis ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
29 Hyperplasia of Prostate ...	14	—	—	—	—	—	1	2	11	14	—	—	—	—	—	—	—
30 Pregnancy, Childbirth, Abortion ...	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
31 Congenital Malformations ...	5	2	—	—	—	—	—	—	1	3	2	—	—	—	—	—	—
32 Other defined and ill-defined Diseases ...	93	5	1	—	—	—	8	3	19	36	4	—	—	—	1	5	15
33 Motor Vehicle Accidents ...	11	—	1	—	2	—	4	1	2	10	—	—	—	—	—	—	—
34 All Other Accidents ...	37	1	—	—	1	1	2	4	6	15	1	—	—	—	—	—	3
35 Suicide ...	12	—	—	—	—	—	3	1	—	4	—	—	—	—	2	3	1
36 Homicide and Operations of War ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS—(All Causes) ...	1492	13	2	2	5	8	164	191	276	661	9	—	3	2	12	102	196

DEATHS DUE TO VIOLENCE

Totals	Male	...	...	...	29
	Female	...	...	...	31
					<u>60</u>

Classification

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Motor Vehicle Accidents	...	...	...		10	1	11
All other accidents	...	...	...		15	22	37
Suicide	...	...	...	...	4	8	12
Homicide and Operations of War	...	...			—	—	—
					<u>29</u>	<u>31</u>	<u>60</u>

By Age Groups

	0—15 yrs.		15—65 yrs.		65 and over	
	M.	F.	M.	F.	M.	F.
Motor Vehicle Accidents ...	1	—	6	—	3	1
All other accidents	1	1	4	—	10	21
Suicide	—	—	3	5	1	3
Homicide & Operations of War	—	—	—	—	—	—
	2	1	13	5	14	25

DEATHS

Numbers and Rates per 1,000 population and per 1,000 births—years 1943—1962

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	INFANTS					Rate per 1,000 Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
							Under One Year	Rate per 1,000 Births	Legiti- mate	Rate per 1,000 Legiti- mate Births	Illegiti- mate	Rate per 1,000 Illegiti- mate Births			
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	0.50	9	0.10
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	0.32	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	0.44	5	0.06
1946	84010	470	686	1256	14.95	11.81	40	32	33	27	7	69	0.37	3	0.04
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	0.46	5	0.06
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	0.31	3	0.04
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	0.30	5	0.06
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	0.17	5	0.90
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	1	60	0.26	5	0.06
1952	82980	626	728	1354	16.32	12.32	29	20	28	30	1	20	0.15	6	0.07
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	0.16	5	0.06
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	0.20	—	—
1955	82240	682	870	1552	18.87	13.20	32	35	28	33	4	67	0.16	—	—
1956	82100	637	750	1387	16.89	12.16	26	27	25	28	1	21	0.07	—	—
1957	81900	636	708	1344	16.41	11.98	24	25	22	24	2	31	0.11	1	0.01
1958	81760	646	777	1423	17.45	12.74	21	21	20	21	1	18	0.07	1	0.01
1959	81370	603	773	1376	16.91	12.51	21	20	18	18	3	63	0.08	2	0.02
1960	81350	648	783	1431	17.59	12.84	36	34	33	32	3	55	0.05	—	—
1961	81020	656	824	1480	18.27	13.34	19	17	16	16	3	45	0.05	—	—
1962	80730	661	831	1492	17.24	12.69	22	21	22	22	—	—	0.05	—	—

*One of these infants was an unknown child found in a garden; this child may or may not have belonged to Southport. Excluding this death, the rate per 1,000 births would be 82.
In addition, another of these infants was allocated to Southport in error and excluding this death also the rate per 1,000 births for the remaining 3 deaths would be 61.

ENGLAND AND WALES—SOUTHPORT—CERTAIN VITAL STATISTICS

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANTILE MORTALITY RATE (per 1,000 live births)		EXPECTATION OF LIFE
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport	
1871—1880	35·4	30·69	21·4	23·43	149	161	M.—48; F.—52
1881—1890	32·4	24·37	19·1	17·78	142	132	
1891—1900	29·9	22·31	18·2	17·23	153	143	
1901—1910	27·2	17·49	15·4	14·43	128	121	
1911—1920	21·8	13·95	14·4	13·86	100	84	
1921—1930	18·3	12·71	12·1	12·66	72	65	M.—59; F.—63
1931—1940	14·9	10·30	12·3	15·07	59	56	
1941—1950	16·9	12·68	12·4	15·59	43	39	
1951	15·4	*11·96	12·5	*14·70	30	41	
1952	15·3	*12·22	11·3	*12·32	28	30	
1953	15·4	*12·23	11·4	*12·07	27	21	M.—66; F.—71
1954	15·1	*12·31	11·3	*11·34	25	35	
1955	15·0	*12·64	11·7	*13·20	24·9	35	
1956	15·7	*13·12	11·7	*12·16	23·8	27	
1957	16·1	*13·41	11·5	*11·98	23·0	24	
1958	16·4	*13·67	11·7	*12·74	22·5	21	M.—67; F.—73
1959	16·5	*14·32	11·6	*12·51	22·0	20	
1960	17·1	*14·87	11·5	*12·84	21·7	34	
1961	17·4	*15·11	12·0	*13·34	21·4	17	
1962	18·0	*14·86	11·9	*12·69	20·7	20·7	

*Corrected Rates

Part II

LOCAL AUTHORITY HEALTH SERVICE

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

Development of Local Authority Health Service—Ten Year Plan

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1962 for those mothers who had booked to have their confinements at home and also for mothers who were to be admitted to the St. Katharine's Maternity Hospital. This clinic is conducted by Mr. N. E. Laurence, who is the Obstetric Consultant for the two maternity hospitals in the town. The Matron or Deputy Matron of the St. Katharine's Maternity Hospital and the non-medical Supervisor of Midwives also do duty at this clinic. In addition, the domiciliary midwives attend in rotation to meet their own patients.

Subject to the consent of the general practitioner concerned, mothers who have booked with their family doctor may attend this clinic to obtain additional ante-natal care. Mothers who attend have a blood test for Kahn reaction, haemoglobin estimation, blood grouping and are examined for Rhesus factor as a routine measure.

Maternity outfits are supplied free of cost to all mothers who are having their first confinements at home.

During the year, 51 clinic sessions were held and 26 mothers who had booked to have their confinements at home made a total of 36 attendances.

The town is unique in that all mothers wishing to have their babies in hospital are able to do so.

Physiotherapy—It was pointed out to the Health Committee in September that whilst physiotherapy was provided for expectant mothers who were booked to be admitted to the two maternity hospitals no similar service existed for mothers having their confinements in their own homes, and in addition physiotherapy was not available for those mothers who attended the post natal clinic at 44 Hoghton Street.

The Health Committee recommended that a further Physiotherapist be appointed on a sessional basis and an appointment was made in December.

Post-Natal Care—All mothers who have not made arrangements to be examined by their own doctors are invited to attend the Post-Natal Clinic which is held each week at 44 Hoghton Street. The Clinic is conducted by Mr. N. E. Laurence, the Obstetric Specialist, and 427 mothers attended during 1962. In addition, 148 re-visits were made, making a total of 575 visits during the year; 48 attendances were made by health visitors at post-natal clinics.

Child Welfare Centres—There are six Centres in the town and in addition to the normal work, each Clinic distributes the dried milk and vitamin foods issued by the Ministry of Health. As in the past the Ladies of the Voluntary Infant Welfare Committee provided clerical and other assistance at the Centres during 1962 and their efforts and enthusiasm contributed in no small measure to the steady progress which was maintained throughout the year.

Although there are six Welfare Centres so placed that they cover the area adequately, it has been necessary to hold two sessions each week at the Centres in the High Park and Hampton Road districts, and to open temporary premises in Marshside Road on 7th November, 1962.

The sessions at the High Park and Ainsdale Centres are conducted by three medical practitioners, one of whom gives general medical services in the town; the remaining five sessions are conducted by the Health Department's medical staff; the lady Assistant Medical Officer is responsible for the Centres at Crossens, Hampton Road and Derby Road, while the Assistant Medical Officer of Health is responsible for the Liverpool Road centre. Two Health Visitors are in attendance at each Welfare centre session and the medical and nursing staff maintain a general supervision over the progress of the babies and young children so that appropriate advice can be given when it is necessary.

The following statement shows the attendances made at the Welfare Centres during 1962:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	Marsh- side Road	TOTALS
INFANTS—under 1 year— No. of New Cases ...	208	169	142	107	157	91	4	878
No. of Re-attendances	2,371	1,968	1,445	940	1,673	907	87	9,391
CHILDREN — over 1 and under 5 years— No. of Attendances ...	944	976	797	717	855	835	80	5,204
Total No. of Attendances	3,523	3,113	2,384	1,764	2,685	1,833	171	15,473
No. of Sessions ...	97	95	47	47	47	47	7	387
Average Attendance per Session ...	36	33	51	38	57	39	24	40
Total No. of Children who attended during the year	570	531	436	347	457	313	4	2,658
Average attendance per Child ...	6.2	5.9	5.5	5.1	5.7	5.9	—*	5.8
No. of attendances made by Health Visitors ...	271	190	133	121	151	94	14	974

*Marshside Road Centre opened in November

Maternity Dental Clinic—This Clinic is held at 2 Church Street and there are sessions each week for expectant and nursing mothers and children under 5 years of age who are not attending primary schools maintained by the local Education Authority.

When dentures are required by expectant and nursing mothers, arrangements are made with private dental mechanics in the town.

The following tables show the work done during the year:—

(a) Number of Cases Treated

	Examined	Found to be in need of treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	17	17	17	15
Children under 5 ...	225	148	141	106
TOTALS ...	242	165	158	121

(b) Classification of Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing Mothers	18	7	9	27	6	—	11	—	2	1
Children under 5	113	10	52	213	1	34	41	—	—	—
TOTALS ...	131	17	61	240	7	34	52	—	2	1

Day Nurseries—There are two Day Nurseries in the town, one being in Talbot Street with accommodation for 60 children, and one in Bedford Park with accommodation for 40 children.

The following fees were charged:—

				From 1st January, 1962		From 1st October, 1962	
				Full day	Half day	Full day	Half day
(a)	Minimum Fee	...	...	2/0	1/3	2/0	1/3
(b)	Maximum Fee	...	...	9/0	5/0	9/6	5/3

These fees, however, may be reduced in cases of financial hardship and in this regard it is interesting to note that at the end of the year, the average daily payment made by the mothers was 4/11d. for each child attending the Day Nurseries.

The Nursery Nurses' Training Scheme was continued in 1962 in conjunction with the Education Committee with 4 students who were appointed for the two year course commencing in September 1961.

The following table shows the attendances at the Day Nurseries during 1962:—

The Nurseries ceased to be open on Saturday mornings after 1st October.

	Southport	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays—			
(a) Total attendances	12651	8463	21114
(b) Number of days open	253	253	253
(c) Average daily attendance	50	33	83

Care of Premature Infants—The decision as to whether a premature infant can be nursed satisfactorily in its own home lies with the doctor in attendance and if he considers that removal of the infant to one of the maternity hospitals is advisable, this step is carried out, the infant being removed in a special incubator which is available for the purpose. Special cots are also supplied on loan to mothers who are nursing their infants at home.

A close liaison is maintained between the Matrons of the lying-in hospitals and the Superintendent Health Visitor in respect of premature births and before such an infant is discharged from the maternity hospital, the necessary information is passed on to the Superintendent Health Visitor who, with her staff, accepts responsibility for the care of the child after discharge under the general direction of the Family Doctor.

Frequent visits are made by one of the district health visitors until the infant reaches normal weight and after this stage the usual routine visits are made as in other cases.

The table on page 16 shows the number of premature infants born during the year.

Unmarried Mothers—Unmarried mothers who seek the help of the Department are referred to the Obstetric Specialist at the ante-natal clinic at 44 Hoghton Street, and arrangements are then made for the confinement to take place either in the girl's own home or in a maternity hospital. She is also advised to continue to attend either the ante-natal clinic at 44 Hoghton Street or the appropriate hospital ante-natal clinic.



With the Compliments
of the
Medical Officer of Health

Health Department
2 Church Street

At the same time, the mother is seen by the Moral Welfare Worker so that if necessary appropriate arrangements can be made for residential ante and post-natal care. In such cases the Health Authority will accept responsibility for the maintenance of the mother in voluntary home usually for 6 weeks during the ante-natal period and up to 13 weeks during the post-natal period. The amount paid by the Health Committee to the voluntary home is the total cost of the maintenance less any payment which the mother is able to make towards her keep.

The Moral Welfare Worker co-operates with the Superintendent Health Visitor, so that the Health Visiting Staff can keep in touch with the girl both before and after the baby is born. During the year, the Moral Welfare Worker dealt with 62 new cases and the Health Committee paid the maintenance costs in voluntary homes for 3 mothers during the ante and post-natal period.

Prevention of the Break-Up of Families—A Sub-Committee with representatives from the Health, Estates, Welfare, Children's and Finance Committees, is available to consider serious individual family problems, when it seems probable that the best solution can only be found by concerted action by a number of Committees.

Welfare Foods.

DISTRIBUTION. Welfare foods were distributed from the Centre at the Health Department and the six Welfare Centres in the town.

The following figures show the amounts of welfare foods issued during 1962:—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT—				
(a) Counter Issues	3,328	5,884	543	966
(b) Issues to National Health Service Institutions	99	108	—	—
(c) Issues to Day Nurseries	—	72	72	—
Total Issues from Health Department ...	3,427	6,064	615	966
WELFARE CENTRES—				
(a) Ainsdale	99	1,089	121	190
(b) Liverpool Road	298	1,462	167	130
(c) Crossens	190	732	64	124
(d) Poulton Road	521	1,357	194	126
(e) Hampton Road	250	1,237	142	213
(f) Marshside	8	71	9	12
(g) Derby Road	80	521	103	36
Total Issues from Welfare Centres... ..	1,446	6,469	800	831
GRAND TOTALS	4,873	12,533	1,415	1,797

Training in Home Management—

During the year the Health Committee agreed that a mother and one of her children should be sent to the Brentwood Rehabilitation Centre in Marple, Cheshire, for a period of 6 weeks to receive training in home management.

The report from the Home stated that on arrival the mother was found to know very little about home management but she made excellent progress during her stay and subsequent follow-up visits by the Health Visitor revealed that the mother's health was much improved and she was able to deal with the household problems in an efficient and sensible manner. She had also obtained part-time employment as a cook in a private school and she told the Health Visitor she could not have undertaken this kind of work if she had not been sent to a recuperation centre for training.

Domiciliary Midwifery

The Staff consists of a non-medical Supervisor of Midwives and three full-time midwives. All the staff are fully qualified to administer analgesia, i.e. gas and air and trilene and are in possession of the necessary apparatus. Patients wishing to book for home confinement may do so at the Ante-Natal Clinic, 44 Hoghton Street, or directly with the midwife for the area in which they live. Arrangements can be made for patients who have not engaged the services of their own doctor to have ante-natal care from the obstetrician in attendance at the Clinic which is held on Thursday afternoons. Regular visits are made by the midwives irrespective of having engaged a doctor to attend under the Maternity Medical Service. Arrangements can also be made for all patients to have routine blood tests carried out. The domiciliary midwives also visit certain patients who have been delivered in hospital but have been discharged home before the 10th day. Notification of these discharges is sent to the Health Dept. by the Matrons of the individual Maternity hospitals.

A number of the doctors conducting their own ante-natal Clinics have the assistance of the domiciliary midwives at these clinics. In this way a firm liaison is formed between doctor, midwife and patient, which is invaluable to the patient's welfare.

The case load is not considered to be large and no night rota system is in operation because it is felt that in these cases each midwife prefers to deal with her own patient.

The following statement shows the work done by the department's midwives during the year:—

A. *Domiciliary confinements attended by midwives under N.H.S. arrangements:*

(i) No. of confinements during the year:

(a) Doctor not booked	...	...	...	...	...	...	2
(b) Doctor booked	...	...	...	...	...	...	112
TOTAL							114

NOTE: (These figures relate to women delivered and not, in the case of multiple births to infants).

(ii) Premature Babies ($5\frac{1}{2}$ lb. or under):

No. born at and being nursed at home	...	...	...	...	5
No. born at home and transferred to hospital	...	...	...	...	3
TOTAL					8

B. *No. of cases delivered in hospitals and other institutions but discharged and attended by district midwives before 10th day* ... 56

C. *No. of home visits made by district midwives during the year* ... 3,387

D. *Supervisory Visits:*

No. of supervisory visits made by non-medical Supervisor of Midwives during the year	42
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Midwives in Private Practice—During the year three private midwives notified their intention to practise on the district. No cases were dealt with by these midwives however.

Maternity Nursing Homes—The following table shows the number of maternity cases dealt with by private Nursing Homes during the year:—

	Doctor required to be present	Doctor not required to be present	Total
Number of deliveries	6	1	7
Number of practising midwives employed at 31st December, 1961		1	
Number of midwives in (a) above who are qualified to administer gas and air analgesia...		—	

Training for the Second Part of the Certificate of the Central Midwives Board.

During the year, midwifery training of this kind was continued. The scheme is a combined one, operated by the Southport and District Hospital Management Committee and the Southport and Preston Local Authorities. Some of the students do their domiciliary training in Southport and some in Preston. The school has done well but there are certain inherent difficulties, one of which is the relatively small number of Southport mothers who elect to have their babies at home.

Maternity Hospitals—The two maternity hospitals in the town are administered by the Southport and District Hospital Management Committee and the following table shows the number of patients during 1962. These figures are for residents and non-residents of Southport:

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	TOTAL
(1) Number of Patients	813	412	1225*
(2) Number of Patients in (1) above for whom medical aid was summoned ...	82	7	89
(3) Number of practising midwives on the staff at the end of the year... ..	9	10†	19
(4) Number of Midwives in (3) above who are qualified to administer gas and air analgesia	9	10	19

*Includes 949 Southport residents and 276 non-residents.

†7 full-time and 3 part-time.

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1961 by the various services, and similar figures are also shown for the previous year. These figures are for mothers who were resident within the area of the Southport County Borough.

	1961		1962	
	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives	125	12·0	114	10·66
Private Midwives	3	0·3	—	—
TOTALS (a)	128	12·3	114	10·66
Institutions				
Christiana Hartley Mat. Hospital	563	54·1	622	58·13
St. Katharines Maternity Hospital	346	33·2	327	30·56
Nursing Homes	4	0·4	7	0·65
TOTALS (b)	913	87·7	956	89·34
GRAND TOTALS (a) and (b) ...	1041	100·0	1070	100·00

HEALTH VISITING

The Health Visiting Service provides general care for nursing and expectant mothers and young children and in addition, is available for the purpose of giving advice to persons of all ages in the town who are suffering from illness. The Health Visitors also assist families by providing them with information concerning the other health services which are available.

The present establishment consists of a Superintendent Health Visitor, who also supervises the school nursing work, 1 Senior Health Visitor, 2 Clinic Nurses, 1 Tuberculosis Health Visitor, 2 Health Visitors for Elderly People, and 12 Health Visitors/School Nurses, making a total of 19. This number includes the student Health Visitor sponsored by the Health Committee who qualified in June and was appointed to a vacant position in the staff.

Each of the 12 Health Visitors/School Nurses is responsible for a district and based on the estimated figures for the year 1962, the average case load of the 0-14 years age group is 1,192.

Other work which falls to the lot of the Health Visitor is that of dealing with the non-medical after-care of patients discharged from Hospital, the arranging of home help and similar duties. These specially trained nurses are being increasingly called upon to undertake Health Education.

In April, it was agreed that Health Visitors should receive a cash allowance of £1 per month in lieu of uniform.

The following table shows the work done by the Health Visitors during 1962:—

	First Visits	Revisits	Total Visits
Expectant Mothers	526	756	1,282
Children under 1 year—			
Routine	1,033	7,179	8,212
Prematurity	21	17	38
Stillbirth	11	—	11
Illness	—	7	7
Miscellaneous	8	210	218
	1,073	7,413	8,486
Children 1 to 2 years—			
Routine	6	4,092	4,098
Illness	—	6	6
Miscellaneous	1	34	35
	7	4,132	4,139
Children 2 to 5 years—			
Routine	4	5,440	5,444
Illness	—	7	7
Miscellaneous	—	42	42
	4	5,489	5,493
Other Cases—			
Infectious Disease	2	22	24
Other Illness	6	13	19
Old People	556	2,866	3,422
Miscellaneous	779	154	933
	1,343	3,055	4,398
SUMMARY			
EXPECTANT MOTHERS	526	756	1,282
CHILDREN UNDER 1 YEAR	1,073	7,413	8,486
CHILDREN AGED 1 TO 2 YEARS	7	4,132	4,139
CHILDREN AGED 2 TO 5 YEARS	4	5,489	5,493
OTHER CASES	1,343	3,055	4,398
TOTALS	2,953	20,845	23,798

In addition, the Health Visitors made the following attendances at Clinics and Centres:—

Attendances at Welfare Centres	...	...	...	...	...	...	954
Attendances at the Post-Natal Clinic, 44 Hoghton Street	...	...	...	...	...	...	48
Attendances at B.C.G. Clinics	...	...	...	...	...	...	42
Attendances at the Geriatric Out-Patients' Clinic, Promenade Hospital	...	...	...	...	...	...	180
Attendances at the Paediatric Clinic and	...	...	...	...	...	...	104
Attendances at the V.D. Clinic, both of which are held at the Southport Infirmary	...	...	...	...	...	...	44
							<hr/>
Total number of clinic attendances made by Health Visitors	...	...	...	...	...	...	1372
							<hr/>

Regular in-service training was given to members of the staff chiefly by means of the showing of films illustrated by short talks.

Mothercraft classes were held in schools and welfare centres. Lectures and informal talks have been given to various groups of persons and associations by members of the staff.

Co-operation with General Medical Practitioners and After-care arrangements:

This is highly developed in connection with the geriatric service and works well because the two Health Visitors concerned attend the geriatric hospital clinic and are also in direct touch with individual Family Doctors. As regards general Health Visiting, it is planned that the District Health Visitors will be based in Welfare Centres in different parts of the town and be available directly to the Family Doctors in the area reporting either directly to them or acting as liaison officers with the Public Health Department, so that other ancillary services can be provided where necessary. Some interest has been shown by a small number of Family Doctors who would like the services of a Health Visitor in their own surgeries but this is more difficult to arrange.

HOME NURSING

The Southport and Birkdale District Nursing Society continued to provide the Home Nursing Service on behalf of the Health Authority under the arrangements which were agreed when the National Health Service came into operation in July, 1948. This service is noteworthy for the friendly spirit of co-operation which exists between the Voluntary Society and the Health Authority, and there is no doubt that the district nurses are making a very valuable contribution to the town's health services.

The Local Health Authority is responsible for the reimbursement of all expenditure incurred by the Society in providing the service. The general direction is controlled by a Joint Sub-Committee, five members being appointed by the Society, and five members by the Local Health Authority. The Joint Sub-Committee meets at intervals to receive reports of the work done and to approve the refund of expenditure to the Society. The advice of the Medical Officer of Health is always available to the Superintendent and there is close co-operation, particularly in regard to the appointment of nursing staff; monthly reports of the work done and staff available are sent to the Medical Officer of Health by the Superintendent.

The Nursing Staff at the end of the year consisted of 1 Superintendent, 1 Assistant Superintendent, and 15 District Nurses. The Superintendent and Assistant Superintendent were resident in the District Nurses' Home, while the remaining 15 were non-resident. Six motor cars are available, one being allocated to the Superintendent, the other five being used by the District Nurses. The remaining Nurses use bicycles.

Requests for nursing assistance are made direct to the Superintendent of the Home Nursing Service at the Nurses' Home or to the Superintendent Health Visitor at the Health Department. No arrangements exist to provide a night service but urgent calls at any time of ordinary working hours are attended to.

The home nursing of sick children is undertaken by the nurse for the particular district and no one nurse is required to specialise in children's work.

There is an increasing trend on the part of general medical practitioners to require district nurses to make visits for the purpose of giving injections, chiefly of antibiotics. Increasing use was made during the year of disposable syringes which the nurses have welcomed. The question of the provision of additional transport was under consideration at the end of the year.

The following statement shows the work done during 1962:—

	Classification of Cases						TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	
No. of Cases on Register at commencement of period	411	206	—	3	—	—	620
Add No. of New Cases during period	1,431	277	1	11	5	—	1,725
TOTALS	1,842	483	1	14	5	—	2,345
Deduct No. of cases discontinued during period	1,447	273	1	12	4	—	1,737
No. of Cases on Register at end of period	395	210	—	2	1	—	608
Total No. of Visits made	49,507	6,723	15	794	74	—	57,113

Classification of Cases:—

1. Medical. 2. Surgical. 3. Infectious Diseases. 4. Tuberculosis. 5. Maternal Complications. 6. Others.

	No. of Cases	No. of Visits
(a) Number of new patients included above who were aged 65 or over at the time of the first visit during the year	1,119	7,131
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	27	325
(c) Number of patients included above who have had more than 24 visits during the year	621	39,742

The following table records the visits made during the last six years:—

Year	Total number of patients visited					Total number of visits				
1957	2487	...	...	...	...	55443
1958	2423	...	...	...	...	63963
1959	2455	...	...	...	...	64767
1960	2366	...	...	...	...	60090
1961	2389	...	...	...	...	60530
1962	2345	...	...	...	...	57113

DIPHTHERIA IMMUNISATION

When a baby has attained the age of 4 months, a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and make every effort to ensure that the infant is protected against this disease. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised.

Follow-up letters are sent at the appropriate times, stressing the need for "re-inforcing" injections to maintain immunity throughout school life. Particulars are obtained from the schools each year showing the names of children not immunised and the School Nurses visit the mothers of such children with a view to persuading them to accept immunisation.

In addition to the work done by the General Medical Practitioners, regular immunisation sessions are held at the Health Department and children are also protected in this way at the Welfare Centres.

The following table shows the number of children who received a full course of primary immunisation or a re-inforcing injection during the year:—

	Children born in years							TOTALS
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
A. No. of children who completed a full course... ..	235	442	29	10	11	7	7	741
B. No. of children who received a secondary (booster) injection	—	—	2	1	30	233	122	388

	Done by		TOTAL
	General Practitioners	Health Department Staff	
A. No. of children who completed a full course	345	396	741
B. No. of children who received a secondary (booster) injection	160	228	388

SMALLPOX VACCINATION

Smallpox vaccination was continued by the General Medical Practitioners as in the previous year on the same lines as for the diphtheria immunisation scheme.

Vaccination was also carried out at Welfare Centres and at the Health Department.

During the course of their normal visits, the Health Visitors are required to stress the importance of smallpox vaccination when the baby has attained the age of 3 months. Similar advice is also given at the appropriate times to mothers attending the Welfare Centres; information leaflets are distributed at the Centres and also during the course of home visits.

The following table shows the number of persons vaccinated and re-vaccinated in 1962 and the previous year:—

	1962						1961					
	Age Groups						Age Groups					
	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total
Number of persons (a) Vaccinated	681	96	74	377	839	2067	649	66	23	31	70	839
(b) Revaccinated	—	4	47	464	3543	4058	—	2	8	34	269	313

POLIOMYELITIS VACCINATION

The table below shows the number of persons vaccinated during the years 1956—1962 inclusive, classified in the various age groups.

	<i>Under 5</i>	<i>5—16</i>	<i>16—25</i>	<i>Over 25</i>	TOTAL
No. who have received two injections ...	2,946	8,799	6,278	7,489	25,512
No. who have received three injections ...	1,652	7,410	4,807	4,611	18,480
No. who have received four injections ...	2	3,755	—	4	3,761

The use of oral vaccine was begun in April, 1962, and the following table indicates the number of persons who received oral vaccine during the period April, 1962, to December, 1962, inclusive:

	<i>Under 5</i>	<i>5—16</i>	<i>16—25</i>	<i>Over 25</i>	<i>TOTAL</i>
No. who have received full course of three doses	449	62	58	170	739
No. who have received third dose after two injections	776	624	496	1,863	3,759
No. who have received fourth dose after three injections.	2	781	1	1	785

WHOOPING COUGH IMMUNISATION

The following table shows the number of children immunised during 1962.

<i>Year of Birth</i>	<i>No. of children immunised</i>
1962	234
1961	428
1960	32
1959	11
1958	9
1953-1957	6
1948-1952	3
TOTAL	723

Suggested Ages when Children may be vaccinated and immunised against certain Diseases

<i>Age</i>	<i>Vaccine</i>	<i>How Given</i>
1 to 6 months	Diphtheria, Tetanus and Whooping Cough	Three injections at intervals of four to six weeks.
7 to 11 months	Poliomyelitis	Three doses by mouth at intervals of four to eight weeks.
18 to 21 months	Diphtheria, Tetanus and Whooping Cough	One 'booster' injection.
1 to 2 years	Smallpox	One injection.
4 to 5 years	Diphtheria and Tetanus	One 'booster' injection.
(School entry)	Poliomyelitis	One dose by mouth.
8 to 12 years	Diphtheria and Tetanus	One 'booster' injection
Over 12 years	Smallpox	One re-vaccination injection.
Normally at 12 years or over	B.C.G. Vaccination against Tuberculosis	One injection if this is found necessary after a skin test.

AMBULANCE SERVICE

The Ambulance Service continues to be operated by the Fire Brigade under the direct control of the Fire and Ambulance Service Committee, although matters of policy are referred to the Health Committee and monthly information reports in respect of the Ambulance Service are submitted to that Committee.

The Chief Fire Officer is also the Chief Ambulance Officer. The Fire Brigade establishment is augmented by 21 men in consequence of the Ambulance Service commitments, but all personnel of the Brigade take part in both fire and ambulance duties.

The Service operates a fleet of 6 ambulances and 3 sitting case cars, and a summary of the work done, with comparative figures from 1957, is set out below.

	1957	1958	1959	1960	1961	1962
Total No. of Cases ...	28,399	34,220	42,216	46,574	43,927	43,145
Other Work ...	576	698	909	940	1007	878
GRAND TOTAL ...	28,975	34,918	43,125	47,514	44,934	44,023
Mileage ...	107,596	121,329	135,429	137,736	140,057	136,531

The number of cases dealt with has shown a slight decrease as compared with 1961.

Every endeavour continues to be made to keep pace with demand. Any case which may not appear to necessitate an ambulance is checked and the fullest use is made of trains, joint journeys carrying several patients and other Authorities' ambulances. Unfortunately a large amount of "out of town" work is done where the patient can travel by no means other than ambulance and this restricts one vehicle to one case for several hours, sometimes a whole day, leaving the ambulances left in the Borough working at increased pace to cope with the remainder of the cases.

The Chief Officer, the Secretary of the Hospital Management Committee and his staff, meet periodically to solve mutual problems affecting the Service. These meetings, together with liaison with Doctors through the Medical Officer of Health, have reduced wastage and abuse to an absolute minimum.

The Ambulance Service deals with an average of 95 accidents each month, of which 22 occur in the home or everyday pursuits. The good work of the voluntary Home Safety Committee in making endeavours to reduce these "home accidents" is recognised by the Ambulance Service and every support is offered.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

General—The general work done in regard to prevention of illness, care and after-care, is shown in the sections of this report dealing with the Health Visiting, Mental Health and Tuberculosis Services.

Chiropody Clinic—In 1959 the Ministry of Health told local health authorities that if they wished they could provide a chiropody service as part of their arrangements for the prevention of illness under Section 28 of the National Health Service Act, 1946. While the statement made by the Ministry of Health did not contain any formal limitation of the scope of the service, the Minister suggested that in the early stages priority should be given to the elderly, the physically handicapped and to expectant mothers.

As a result of this information the Council agreed that as from the 1st April, 1960, a chiropody service should be provided, that treatments should be given both at clinics and also in patients' own homes where this was considered necessary, and that in the first instance priority should be given to the special classes which had been mentioned by the Ministry of Health in his circular. The Council also agreed that the service should only be available to those persons who were unable, for financial reasons, to make their own arrangements for treatment with private chiropodists.

A. Service for the Elderly

Prior to the 1st April, 1960, a chiropody service for the elderly had been provided for many years by the Southport Voluntary Old People's Welfare Committee, and they provided treatment both at clinics held at the Victoria Hall and also in patients' own homes. As this service was well established the Council agreed that the voluntary organisation should continue to provide the service as agents of the Corporation, and that the Corporation would be responsible for a repayment of the net expenditure involved.

The general direction is controlled by a joint sub-committee, 5 members being appointed by the voluntary organisation and 5 members by the local health authority. This sub-committee meets at quarterly intervals to receive reports of the work done and also to approve the financial statements. There is close co-operation between the officers who are concerned with this service both in the health department and from the old people's welfare committee, and the general arrangements for the scheme seem to work satisfactorily.

The service is available for Southport residents who are 60 years of age or over and the minimum charge for those not receiving supplementary pensions is 2s. 6d. per treatment. Those who are receiving supplementary pensions, however, are charged 1s. 6d. per treatment. If for any reason it is considered that these fees would cause financial hardship in any particular case, the charge may be reduced or cancelled at the discretion of the Chairman or Vice-Chairman of the Health Committee.

Some difficulty was experienced during the year in providing an adequate service for patients requiring home treatments, due to the lack of qualified chiropodists who are willing to do work of this kind. It is hoped, however, that when the Whitley Council has agreed a national rate for such work the position may improve.

While a considerable amount of good work was done at the Victoria Hall clinics it would be easier to provide the service if more accommodation was available. Additional space, however, is not available from the Welfare Services Committee and a recommendation by the Chiropody Joint Sub-Committee was approved by Health Committee in February, that provided the accommodation at No. 44 Hoghton Street, formerly a gas cleansing station, was reinstated, part of this accommodation could be used as a clinic for the Chiropody Service for elderly people.

The consent of the Minister of Housing and Local Government to the acceptance of a fixed price tender for the necessary reinstatement was received in November and it is hoped that the new clinic will be established in 1963.

A suggestion that the service should be extended to outlying districts of the Borough was rejected.

The statement below shows the work done during the year 1962:

TREATMENTS AT VICTORIA HALL CLINIC					Year	Year
					1962	1961
No. of clinics held	...	...	...	...	680	678
No. of attendances	...	...	...	...	7185	7839
Average attendance per clinic session	...	...	...	...	10.6	11.6
TREATMENTS IN PATIENTS' OWN HOMES					Year	Year
					1962	1961
No. of treatments carried out	...	...	...	...	1505	1176

B. Expectant Mothers and Handicapped Persons

The arrangements continued throughout the year whereby those expectant mothers and handicapped persons in need of chiropody treatment and unable to afford to go to a private chiropodist, could be referred to Mr. W. Rogans who is also responsible for the School Health Service Chiropody Clinic.

During 1962, two physically handicapped persons made 21 attendances at Mr. Rogans' clinic. No expectant mothers were referred to this clinic.

Sickroom Equipment—When a patient is being nursed at home sickroom equipment may be required for a temporary period. The smaller items such as bedpans, bedpans, back rests, etc., are issued from the District Nurses' Home and the larger items such as hospital beds, wheel chairs, etc., are issued from the Health Department.

A small charge is made for the hire of the equipment but in cases of hardship the charge may be reduced or cancelled.

During 1962 sickroom equipment was supplied to 235 patients as compared with 200 in the previous year.

The department has not sufficient storage accommodation for the bulky items of equipment it is now being required to provide and this will need investigation in the near future.

It is interesting to note that this service can be the means of avoiding admission to hospital for nursing care by some patients. A hydraulic lifting apparatus to help a husband look after his paralysed wife has been and is of tremendous help to a family in the town in this way.

Sick Room Helpers Scheme

Alongside the Home Help Service is the Sick Room Helpers Scheme. This is a little known service which we are not often called upon to provide, and there are only a few Sick Room Helpers on the staff. The purpose of these helpers is to give a night's relief to relatives of patients who are being nursed at home and awaiting admission to hospital. The helpers are directly responsible for the care of the patient during their time on duty and must be prepared to obtain medical help should the occasion arise and help in any other way to relieve the anxiety and distress of the patient and the burden on the relatives.

The hours during which the Service is provided are 10 p.m. to 8 a.m., and the cost is £3/3 per hour but this may be reduced or even cancelled having regard to the financial circumstances of the person concerned.

During 1962, sickroom help was provided for 24 patients, as compared with 23 in the previous year.

Co-operation with Hospitals—Throughout the year, the Almoners of the local hospitals continued to refer the names of patients to the Health Department where the services of a district nurse or home help seemed to be required. 222 patients were dealt with in this manner and the necessary help was arranged as compared with 199 patients in the previous year.

The members of the Health Visiting staff attended certain hospital clinics and these arrangements have formed an invaluable link between the hospital service and the home visiting which is done by the Health Visitors. The hospital clinics concerned are as follows:—

1. Post-natal clinic held at 44 Hoghton Street.
2. Geriatric clinic held at the Promenade Hospital.
3. Paediatric clinic held at the Southport Infirmary.
4. V.D. clinic held at the Southport Infirmary.
5. Tuberculosis (Patients) clinic held at the Southport Infirmary.

The Medical Officer of Health continued to be in consultant charge of the infectious disease beds at the New Hall Hospital; the Deputy Medical Officer of Health and one of the two Assistant Medical Officers helped with the fever hospital work. The other Assistant Medical Officer attended the Paediatrician's Clinic at the Southport Infirmary at weekly intervals and the exchange of information has been very helpful.

By arrangement with the Liverpool Regional Hospital Board, the Senior Hospital Medical Officer at the New Hall Hospital continued to give three-elevenths of his time to preventive medical work in connection with tuberculosis.

The Medical Officer of Health and the Deputy Medical Officer of Health are members of the Medical Advisory Board to the local Hospital Management Committee and the Medical Officer of Health also acts as Honorary Secretary to the Medical Advisory Board.

Convalescent Home Care—This service is only provided on the recommendation of the patient's general practitioner and it is not intended for those patients who can be provided with convalescent care under the local Hospital Management Committee scheme.

During the year, 13 patients were sent to convalescent homes, the details being as follows:—

1.	Male	3 weeks	Following operation for peptic ulcer
2.	„	2 „	Disseminated sclerosis
3.	Female	2 „	Following operation
4.	„	3 „	General debility
5.	„	2 „	Iron deficiency anaemia
6.	„	2 „	Generalised arthritis
7.	„	2 „	Herpes
8.	„	2 „	General debility
9.	„	2 „	Hypostatic oedema of legs
10.	„	2 „	Pagets disease
11.	„	2 „	General debility
12.	„	2 „	General debility
13.	„	1 week	General debility

Marriage Guidance—

During the year the Health Committee agreed to renew the annual Grant to the Merseyside Marriage Guidance Council and nominated one of the lady members to represent them on this Council.

It is hoped to set up a Clinic in Southport eventually.

HOME HELP SERVICE

The Home Help Service is designed to help those in urgent need of assistance in the home, such as expectant and nursing mothers who are unable to call on relatives to help elderly persons who can no longer carry out all the work required; and homes where illness has so upset the normal routine that help is required.

The duties consist of keeping the house clean; sometimes doing the necessary cooking and shopping; and if there are young children, attending to their needs. It must be understood however, that the work done is that which is absolutely necessary to keep the home going during a difficult period, and therefore the help is only temporary.

The Home Helps take a great interest in their old people and do many personal things for them such as visiting them if in hospital; taking them out in bath chairs if the weather is good; doing their washing and mending, and even taking a cooked meal in to them during the weekends. All these duties are entirely voluntary and are done out of working hours. The hours worked are as follows:—

Monday to	} 9 a.m. to 12 a.m. 2 p.m. to 5 p.m.	Saturday	9 a.m. to 12 a.m.
Friday			

The cost of the Service was 4s. 0d. per hour at the beginning of the year and this charge was increased to 4s. 3d. per hour from the 1st October, 1962.

This charge may be reduced or cancelled, however, where there is financial hardship.

The following statement shows the work done by the service during 1962:—

	Classification of Cases						Total
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	Mental Deficiency	
No. of Cases on register at beginning of year	1	168	235	5	1	2	412
No. of New Cases during year	35	117	156	4	—	—	312
	36	285	391	9	1	2	724
No. of Cases discontinued during year	35	92	185	4	—	—	316
No. of Cases on register at end of year ...	1	193	206	5	1	2	408
No. of Applications received... ..	35	118	158	4	1	—	316
No. of Cases assisted	35	117	156	4	—	—	312
No. of Cases not assisted	—	1	2	—	1	—	4*

*In 4 Cases the request for help was withdrawn by the applicants.

Number of Helps employed at beginning of year (69 part-time and 3 full-time) ...	72
Number appointed during year (all part-time)	37
	109
Number leaving during year (part-time)	33
Number of Helps employed at end of year 73 (part-time) and 3 (full-time) ...	76
Number of visits to homes by Organiser	1,912
Number of persons interviewed at Office	2,442

MENTAL HEALTH SERVICE

Development of the Mental Health Service since May, 1962.

The first Psychiatric After-care Clinic was held at 44 Hoghton Street on the 29th May. The Clinic proved to be very popular with the patients and they prefer the more informal atmosphere that this type of building provides. The purpose of the Clinic is to help the patients with their various practical problems and to enable them to meet one another before attending the Psychiatric Social Club. The Clinic also enables the Consultant Psychiatrist to observe the clinical condition of his patients and to make any adjustment in treatment that he finds necessary.

The Psychiatric Social Club commenced in June and has been an outstanding success. Almost without exception the patients have found that the Club has brought new interests and enjoyment into their lives with a resultant improvement in their clinical condition. Outings have been arranged and a Christmas party was a great success.

As much as possible the patients run the Club themselves under the guidance of the Occupational Therapist and the Psychiatric Social Worker.

The Occupational Therapy Service has been able to extend further by the appointment of a Craft Instructress who took up her duties during October, and the staff of the Mental Health Department was further augmented by the appointment of an additional Shorthand typist/Clerk in July.

Further progress has been made with regard to the 24 place hostel for mentally subnormal persons at Ainsdale and the plans have reached the stage of discussion with representatives of the Ministry of Health.

A further step towards the development of the industrial side of the Training Centre was taken with the sending of Mr. J. L. Dix, the Craftsman Teacher, at the Centre to the National Association of Mental Health full-time nine months diploma course in Birmingham for the staffs of industrial centres for the mentally subnormal.

The children and adults at the Training Centre went for their annual holiday to Saltburn where they stayed at the Christian Endeavour Holiday Home and a most enjoyable week was had by all.

The children and adults at the Training and Industrial Centre, under the guidance and direction of Mrs. I. H. Bayley, the Supervisor, gave a concert "Antics Galore" at the Little Theatre on the evening of January 4th. The concert was such a great success that a repeat performance was arranged by the parents at a later date.

During the year the Medical Officer of Health was authorised to make arrangements for the provision of an additional weekly session in speech therapy by the North West School of Speech and Drama, for children attending the Southport Training and Industrial Centre.

Training of Mentally Subnormal Persons

Southport Training and Industrial Centre—Year 1962

Number of cases on Register at beginning of year	...	...	...	...	45
Number of cases added to Register during year	...	...	...	...	12
					57
Number of cases taken off Register during year	...	...	...	...	8
					49
Number of cases on Register at end of year	...	...	...	...	49
Number of sessions held during year	...	...	...	...	214
Number of attendances at Centre during year	...	...	...	...	7,862
Average attendance per session	...	...	...	...	37

Kinds of training provided:—

Physical and rhythmic training, handwork, sense training, woodwork, singing, games, drama and dancing.

The following statistics show the cases dealt with during 1962:

MENTAL ILLNESS (Mental Health Act, 1959)	Male	Female	Total
Number of admissions to hospital:—			
(a) as informal patients (Sec. 5 M.H.A. 1959)	34	99	133
(b) for observation (Sec. 25 M.H.A. 1959)	33	64	97
(c) for treatment (Sec. 26 M.H.A. 1959)	9	15	24
(d) emergency application (Sec. 29 M.H.A. 1959)	39	77	116
(e) by court order (Sec. 60 M.H.A. 1959)	—	—	—
TOTAL NO. OF ADMISSIONS	115	255	370
Patients already in hospital under compulsory detention accepted as informal patients	39	86	125
Cases transferred from the County Hospital Ormskirk to other hospitals Senile Dementia and Sections 25 and 26 Mental Health Act 1959	18	30	48
Number of day patients taken to Ormskirk County Hospital	1	12	13
Number of domiciliary visits in cases of acute mental illness...	548	1,101	1,649
Number of visits to Police Station in cases of acute mental illness	40	50	90
Number of domiciliary after-care visits including 126 visits re Day Patients	504	839	1,343
Number of visits to patients in hospital	122	228	350
Number of patients interviewed at the Office	333	397	730
Number of visits to the Psychiatric Clinic	42	67	109
Number of Psychiatric Social Club Meetings	—	—	28
Number of attendances of patients at Psychiatric Social Club	35	371	406
Number of After-Care Clinics... ..	—	—	22
Number of patients seen at After-Care Clinics	19	89	108

Occupational Therapy

The Occupational Therapist and the Craft Instructess who were appointed as part of the developing Mental Health Service, have provided both group and individual therapy to more than a thousand psychiatric, geriatric and physically handicapped patients.

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1962

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Total
	Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.62.	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	1	—	3	—	1	5
(c) Total	—	—	—	—	—	—	—	—	1	—	—	—	1	4	—	1	4	—	—	—	7
Number of admissions for temporary residential care (e.g., to relieve the family).																					
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	5	—	—	—	5	6
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
(d) Total	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	5	1	—	—	5	7

MENTAL HEALTH SERVICE **Summary of Patients under Local Health Authority Care**

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Totals
	Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
Number of Patients under L.H.A. care at 31.12.62.	1	1	121	202	—	—	28	18	—	2	10	13	9	12	11	17	10	15	170	250	445
(a) Total number	—	—	—	—	—	—	—	—	—	2	4	5	9	11	7	10	9	13	11	15	48
(b) Attending day training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Residing in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training	—	—	5	39	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. Home/Hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—	10	2	—	3	10	15
Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
(f) Receiving home visits and not included under (b) to (e)	1	1	116	163	—	—	27	17	—	—	3	7	—	—	2	2	1	1	148	189	337

DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES

TEN YEAR PLAN

The forecast and outline proposals contained in the following report for the development of the Local Health Authority's services during the next ten years were approved in principle by the Health Committee at their meeting in August. The report was subsequently approved by the Council and copies were sent to the Ministry of Health for their information.

The first annual review of this report will be undertaken towards the end of 1963 and thereafter at yearly intervals.

Introduction

Major developments in the Hospital Services for England and Wales are expected to take place in the next ten years and are outlined in the publication "A Hospital Plan for England and Wales" which was presented to Parliament in January 1962. In Circular 2/62 of 23rd January, 1962 all local health authorities are directed to provide by not later than 31st October, 1962, for the Minister of Health, proposals to bring the local authority services up to a standard comparable to that which is planned for the hospitals. Because it is realised that the health and welfare of any particular individual are closely bound up together, the same directions have been issued to local welfare authorities.

Hospital Plan

The section on "Care in the Community" in the 'Hospital Plan' contains the following:—

"In drawing up the hospital plan, it has been assumed that the first concern of the health and welfare services will continue to be to forestall illness and disability by preventive measures and that where illness or disability nevertheless occurs, the aim will be to provide care at home and in the community for all who do not require the special types of diagnosis and treatment which only a hospital can provide. Thus any plan for the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community".

The details of the plan for the Southport and Ormskirk areas are shown in the Appendix Part IV.

The Hospital Plan assumes that where the local authority health and welfare services of an area are fully developed, the hospital bed provision for geriatric cases can be calculated at approximately 10 beds per 1,000 population over the age of 65 years or 1.4 per 1,000 total population. The accommodation provided for Southport cases of this kind is 207 at present not including hospital beds for senile dementia patients. The plan proposes that by 1975 the number of such beds will be 210. I believe that for a town of this nature, even with full development of ancillary services, this figure will prove to be an underestimate and will not meet the need.

Liaison with Other Services.

The need for close liaison with other medical services and particularly with the welfare service becomes increasingly apparent as the development of the various services proceeds. The same elderly patient may require help from the Welfare Service, the Family Doctor Service, the Mental Health Service, personnel from the Health Visiting Service, the Home Help Service and the Public Health Inspectorate at almost one and the same time. Liaison is obviously essential, particularly so as other Services, e.g. those provided by Voluntary Bodies may be involved.

Some authorities have combined the administration of their local health and welfare services under one Committee and claim that this has effected better control, effected economies, and avoided unnecessary overlapping by personnel. In these cases the Medical Officer of Health has been made the responsible Chief Officer for both local health and welfare services. Other authorities have taken the opposite view and have split their administrative control of the two services. My view is that though there is something to be

said for having one administrative chief, in services which are developing at the rate of these two, it is difficult for one person to give the necessary attention to individual schemes. Much of the administration in welfare matters can be done equally well or better by a Chief Welfare Officer than by a Medical Officer of Health. Adequate liaison can be effected at Assistant or Deputy Medical Officer level either by giving a medical officer on the Geriatric Hospital Staff or on the Medical Officer of Health's staff a formal or informal responsibility for or connection with the residential homes for the elderly. In Southport, this is done on officer level and quite informally and works fairly well.

In any review involving forecasting for ten years ahead, it will, however, be appropriate to consider:

1. Whether its local health and welfare departments should continue to be separately administered or should be combined at an appropriate opportunity.

2. Whether liaison at medical level should be on an informal officer basis as at present or whether there should be some form of joint appointment to give one administrative or clinical medical officer joint responsibility in the health, welfare and hospital services for the aged.

I can see no useful purpose which would be served by the administrative combination of the Health and Welfare Departments at any rate during the first five year period though this eventually might become desirable.

However, in order to improve liaison and because of the need for some general medical supervision particularly in regard to infection amongst persons in care who may each have a different family doctor, I am suggesting that one of the medical staff of the Health Department be given a more formal link not only with the Local Authority Welfare Department but also with the Geriatric Unit in the Hospitals.

This need in no way disturb the present administrative arrangements and in my view would work well.

When considering liaison between Corporation Departments, it would be an advantage to accommodate the Health, Welfare and Children's Departments in the same premises and this could be done in the proposed new building or the 2 Church Street, 44/46 Hoghton Street site which is referred to under the heading "Buildings" on page 51. Further it would be advantageous to have all enquiries from the public for these services directed to a central information bureau in the building, and in this centre the Citizen's Advice Bureau should also be accommodated. The inclusion of the Citizen's Advice Bureau would bring the voluntary social services into much closer contact with those which the local authority provides and would be of considerable help to members of the general public.

Financial Growth.

Circular 2/62 describes the extent to which the Government expects to be able to allow local health and welfare services to expand in terms of finance during the next four years, and asks that authorities plan for expansion at the rate of $2\frac{1}{2}\%$ of current expenditure per annum in real terms. This rate includes any interest and repayment of loans in respect of capital projects.

The circular states, however, that there will be room for variations in the speed of growth between different local authorities according to local needs.

Population.

In any review of this nature, the population structure of the particular town is of prime importance. We do not need to be reminded that our population is an elderly one compared with most other towns.

The 1961 census gives a figure of 81,976 for the total population of Southport. The estimated population aged 65 years and over on 30th June, 1960, is given by the Registrar General as 15,400. This is expected to rise by 28% over that level, i.e. to 19,712 by mid 1975. This figure, however, does not take into account inflow into the town of people coming to retire, or certain other factors such as the rate of housing development or the possibility of more light industry being undertaken.

Again the confines of the town are due to be considered by the Boundary Commission in the near future. No reference has been made in this report to any changes which may come about as a result of the work of the Boundary Commission.

Buildings.

The accommodation at present available for the Local Health Authority services is inadequate for present needs and would be unable to provide for any further increases. The whole question of accommodation is a difficult one. Part II of the Appendix gives a list of existing buildings and of building proposals. The trend of development of the local health services is such that the needs would best be met by a central combined administrative and clinic building which could either be a separate wing of the proposed new Town Hall or a new building on the present site of the Health Department (2 Church Street, 44/46 Hoghton Street), together with six or more small combined centres to serve amongst other purposes as the bases for local Health Visitors in various areas of the town.

It is felt that the time has come to examine the future so far as the central Health Department is concerned. Since the Local Health Authority must considerably increase its health services in the future it is essential that new premises be provided as quickly as is reasonably possible. When last the subject of better premises for part of the Department was discussed (April, 1959) the matter was deferred because of the possible building of a new Town Hall and the concentration in it of the services which are scattered at present throughout the town in various buildings. Accordingly in 1960, an estimated floor area required by the Department was submitted to the Borough Architect. At the same time a very strong recommendation supported by sound evidence, was made to the effect that if a new Town Hall was built and it was decided to incorporate the Health Department in it, then the Department should be housed in a separate wing containing all the various central administrative and clinical services. An alternative, which has much to commend it, would be to retain the Health Department as a separate unit on its present traditional site replacing the buildings at 2 Church Street, 44/46 Hoghton Street by a modern properly planned Department. This site is large enough and the whole Department could be housed in a two storey building: if it was decided to rebuild on this site then it would be wise to plan the building in such a way that a third storey could be added at a later date.

Whatever is finally agreed, I feel that I must make it absolutely clear that it would, I believe, be a great mistake to try and incorporate a growing Department which would have approximately 68,000 people coming to it each year, many of them in distress of some kind, into the main building of a new Town Hall. It must, of course, be stated that to have all the senior officers of the Corporation near to the Town Hall administration is useful and from this point of view the 2 Church Street, 44/46 Hoghton Street site may be at some disadvantage; this is, however, really a small matter in a town of the size of Southport.

There are then two possibilities if it is decided to re-house the department in new buildings:

- (1) To retain the present traditional 2 Church Street, 44/46 Hoghton Street site and redevelop it.
- (2) To decide to move the Department's administrative and central clinical facilities to a separate wing adjoining the new Town Hall building. An important consideration is that if it was decided to adopt this suggestion, the Infant Welfare Centre for the Derby Road area, which the Health Committee planned to put on the 2 Church Street, 44/46 Hoghton Street site in conjunction with new construction, would still have to be put there so that the 2 Church Street, 44/46 Hoghton Street site would be unlikely to be available for sale or other purposes.

My view is that it would be better to develop the 2 Church Street, 44/46 Hoghton Street site to provide not only for the Health Department services but also for the services of the Welfare and Children's departments. If it was decided to do this the question of whether to develop it by demolishing all the present buildings and building an entirely new department or retaining the 2 Church Street premises and adding to them, which would be less costly, would arise.

For the purpose of this report it has been assumed that a new building on the 2 Church Street, 44/46 Hoghton Street site replacing the present buildings will be built at some time in the second five year period.

Review of Services

It would now seem appropriate to consider the services provided by the Southport Local Health Authority under the National Health Service Act and indicate how they are likely to be affected in the two five year periods concerned.

HEALTH CENTRES (SECTION 21)

In general, the layout of the town does not lend itself well to combined Health Centre provision. The only area in which it is envisaged that general practitioner and local health authority services might be provided from buildings on one site is at Ainsdale. Here sufficient land has been set aside so that general practitioner accommodation could be provided adjoining the new building for infant welfare services which is proposed there. For the purpose of this report general practitioner accommodation has been included in the second five year period.

There is also available land for development of this kind on the Lincoln House site but no financial provision is considered necessary for this at this stage.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Infant Welfare Centres.

The requirements of the Act in this regard should be adequately met when the programme for the provision of infant welfare centre buildings is complete.

At present a total of eight half-day sessions are held each week in three buildings owned by the Corporation and in three church halls scattered throughout the town. One purpose built centre is in course of construction to replace a church hall and one other is projected also to replace a church hall. It has also been agreed to open for a trial period of 12 months in the first instance, a new centre in a church hall at Marshside. The general policy is to provide clinic buildings in each area of the town which will serve as local headquarters for the particular district health visitors, be used for child welfare and other clinic purposes such as chiropody, physiotherapy, mental after-care work, school work, health education, etc. It is also hoped that some of these premises may be utilised part-time to provide accommodation for diversional employment of the elderly in conjunction perhaps with the Old People's Voluntary Welfare Committee.

Dental Care.

The priority dental services for mothers and young children are insufficiently used but it is not anticipated that additional facilities will be necessary.

Distribution of Welfare Foods.

The present arrangements for the distribution from the Health Department and the Infant Welfare Centres are considered satisfactory and no changes are envisaged during the period covered by this report.

Day Nurseries.

The present arrangements for Day Nurseries are considered satisfactory and no changes are envisaged during the period covered by this report.

Care of Unmarried Mothers.

The present arrangements for the care of unmarried mothers are considered satisfactory and no changes are envisaged during the period covered by this report.

MIDWIFERY (SECTION 23)

Since approximately 90% of mothers in Southport have their babies in hospital and Family Doctors are booked in the majority of the domiciliary confinement cases, this service is a small one and since it must be available during day and night, it has inherent staffing difficulties.

Arrangements should be made so that all mothers including those booked with their Family Doctors and with their permission or at their request have access to ante and post natal clinics with a consultant obstetrician in charge.

It is not anticipated that there will be an increase in the early return home of mothers from our maternity hospitals owing to shortage of beds, but there may well be an increasing tendency for this to occur for other reasons. This and the present trend of the birth rate is likely to make the addition of one midwife plus car allowance necessary in the first five year period.

Provision should be made for the non-medical Supervisor of Midwives to have the use of a car or a car allowance on a casual user basis.

During the second five year period, when the Christiana Hartley Maternity Hospital becomes a 50 bedded unit, presumably with general practitioner access as well as consultant supervision and St. Katharine's Maternity Hospital is closed, then consideration should be given to the transfer on an agency arrangement of the domiciliary midwives to work in and from the Christiana Hartley Hospital.

HEALTH VISITING (SECTION 24)

In the past 10 years a good deal of investigation has been done into the field of work of the Health Visitor. She must be a State Registered Nurse and she has statutory duties in connection with all members of the family and all persons who are ill as well as responsibility for health education. If she did all that is expected of her she would be a paragon indeed and in practice her work is concentrated on the care of mothers, children, and the elderly particularly from the social and educational aspects. It is possible to expand her work almost indefinitely and this has been steadily occurring during the past ten years in connection with such matters as vaccination clinics. The last estimate of staffing requirements in this field was made by a Working Party set up by the Minister of Health in 1956 which considered that there should be one health visitor to every 4,300 of the population. Since then there has been an increasing trend to link her work more directly with that of the general practitioner and if this should increase then additional staff will be needed. There are two ways in which this could be done. Firstly health visitors could be attached to the practice of a general practitioner partnership either whole-time or part-time, and secondly by the general practitioner requesting the services of a health visitor either directly or through the Superintendent Health Visitor. The second method may be found to be more practicable as the areas covered by the general practitioners and the health visitors are not likely to coincide. Under either scheme the health visitor would report back to the general practitioner direct on the patients she had visited.

Health Visitors have a long period of training as they have to be State Registered Nurses, qualified in Midwifery and in possession of the Health Visiting Certificate of the Royal Society of Health, and they are in short supply. One has to be realistic about this problem and take into account our special problem in respect of the elderly in the population.

The present establishment is 19 (1 Superintendent, 13 District and 3 Specialist and 2 School Nurses) and all the school nursing work is also done by these nurses. The allocation of time between the two services is the equivalent of $12\frac{1}{2}$ health visitors for the local health service and $6\frac{1}{2}$ nurses for the school health service. I estimate that an additional two health visitors will be required in the first five year period and possibly two more health visitors in the second five year period. It is not likely that there will be any increase in the number of nurses employed for the school health service.

It is also recommended that during the first five year period three small cars be made available to be used by the Superintendent and the specialist health visitors who have to cover the whole town, or that casual user car allowances be paid.

During the second five year period, consideration may have to be given to increasing the transport facilities for this section.

HOME NURSING (SECTION 25)

For many years this service has been provided on an agency basis by the Southport and Birkdale District Nursing Society from premises owned by the Society at 52 Hoghton Street. Recently the demand for residential accommodation in the home by the nurses has fallen to almost nil.

The Corporation are financially responsible for all costs incurred by the Society in providing the home nursing service, and the Corporation also benefit by the free use of the nurses' home and by the investment income of the Society which is taken into account when preparing the financial statements.

There would now seem to be considerable advantages to the Corporation if agreement could be reached on the best use of this property.

This would enable the Health Visiting, Home Nursing, Domiciliary Midwifery and possibly the Home Help services to be concentrated in the nurses' home at 52 Hoghton Street with consequent easement of some of the acute accommodation problems at 2 Church Street, 44/46 Hoghton Street which exist at present.

There is a great deal to commend this proposal and it is strongly recommended that the appropriate approach be made to the Southport and Birkdale District Nursing Society. Concentration of the nursing services would open the way when opportunities occurred to combine the nursing administration, and would provide a central point to which general practitioners could direct their enquiries for the use of any of these services during the day and evening.

The establishment of this service is at present 19 district nurses including the Superintendent and her assistant, and six vehicles. An additional 3 nurses will, however, be required in the first five year period so that more visits can be made to serious cases remaining at home and to enable an emergency night service to be provided. Most of the nurses' work is with the older age group which is bound to substantially increase during the period in question.

A policy of increased transport provision should be adopted both by the granting of car allowances where a district nurse is willing to provide her own car and by the addition of cars or small vehicles of the 'bubble car' type up to a total of half the nursing establishment. This would enable a better service to be provided by the existing nursing establishment.

During the second five year period an additional two nurses may be required. This would probably mean that a further four or five nurses would have to be provided with a car or car allowance during the ten year period.

VACCINATION AND IMMUNISATION (SECTION 26)

This section of the Department's work has steadily increased in importance during recent years with the introduction and expansion of vaccination against tetanus, poliomyelitis and tuberculosis. Research work in connection with vaccines against measles is sufficiently far advanced to hold out some hope that measles may be a preventable disease within the decade. Linked with this work is the need for a sterile syringe service to supply not only local health authority needs, but also perhaps general medical practitioner needs. This would mean the appointment of an additional clerk during the first five year period.

The section requires re-organisation to meet increasing demands and part of one doctor's time should be solely devoted to it. Much material has to be distributed to the Family Doctors and the section should have adequate accommodation, clerical help and refrigeration. These needs can only be met when a new building is available during the second five year period.

AMBULANCE SERVICE (SECTION 27)

So far as can be ascertained after careful study of the 'Hospital Plan' and on the assumption that hospital out-patients' attendances are likely to increase, it is estimated that one additional vehicle and three additional ambulance men will be required within the first five year period, though a great deal will depend on the rate of progress made on the hospital side. It is unlikely that further ambulance provision will be necessary in the second five year period.

PREVENTION OF ILLNESS, CARE AND AFTER CARE (SECTION 28)

The Council must provide services under this section for tuberculosis and mentally ill patients and also provide a wide range of sick room equipment for use in patients' homes at the time of any illness in the family.

Tuberculosis. There are signs that tuberculosis is declining due to a number of factors. The provision for such patients should not require augmentation.

Sick Room Equipment. During the first five year period re-organisation of the Sick Room Equipment scheme will be required as the demand is likely to increase considerably. Additional store room accommodation, and a store man/driver/handyman will be necessary. A small van will also be needed. Associated with this there should be facilities for the sterilisation of syringes and other equipment.

Health Education. The demand for this has steadily risen during the past ten years and it is now evident that a new section of the department should be established. The activities which are in request are talks and lectures to various societies and group lecture courses at the Technical College and in the District Nurses' Home, group discussions in Welfare Centres, Clubs, etc. films of an educational nature, the dealing with all kinds of posters, leaflets and other publicity material, Health Exhibitions in connection with Home Safety, the Prevention of Tuberculosis, and in-service training of technical and other staff, etc. At present this work is done by many sections in the department and there is a need to direct and co-ordinate it. During the first five years it is accordingly recommended that a Health Education Officer be appointed and that he be provided with administrative and clerical help.

Mental Health. This service is in process of expansion to comply with the requirements of the Mental Health Act, 1959, which emphasized the making of facilities available for patients to have community care where this is possible, from the medical aspect.

Outstanding commitments during the first five year period are the 24 place residential hostel for the mentally subnormal which is in the planning stage and which will be sited at Ainsdale, and the residential hostel for the after-care of 12 patients discharged from mental hospitals.

One of the most difficult medical problems which the town has to face is that of the elderly person who may be physically fairly well and able to get about but who has "softening of the brain", senile decay and who is quite unable to care for himself or herself. Some of the milder cases can be accommodated in welfare homes: many are in nursing homes, some are in hospital "chronic sick" accommodation and others are in psychogeriatric wards in Newsham General Hospital and Westminster House Hospital in Liverpool: a few are elsewhere, e.g., in Haydock Lodge Registered Mental Nursing Home at Newton-le-Willows, where the Regional Hospital Board has contractual arrangements: a good many are in Ormskirk County and Winwick Mental Hospitals.

I am very strongly of the opinion that there is a real need for a psycho-geriatric unit in Southport: this would have to be additional to the accommodation already existing and should be of at least 30 beds and be chiefly for women. There is and has been for a good many years much dissatisfaction in Southport about the lack of sufficient suitable accommodation for such persons, the numbers of whom are certain to increase during the coming ten years. My view is that the most economical solution from the Local Authority aspect is to continue the present policy of taking as many as possible of the milder cases into the Welfare Homes and expect the Hospital Authority to provide for the others.

However, to put too many or too difficult persons with this disability into the Welfare Homes upsets the more normal residents and brings insuperable difficulties in staffing. An alternative is for the local health authority to provide a "half-way" type of hostel under the National Health Service Act 1946 powers, for the person too difficult to go to a welfare hostel and not bad enough to require the type of care which is the responsibility of the hospital authority to provide. One has to remember that such patients may slowly deteriorate so that the period of care may be quite long and that they may in the end become hospital cases.

Reference to the possible need for such provision was made in the Southport proposals under the Mental Health Act, 1959, but what is probably now required is a joint meeting between representatives of the Local Health and Welfare Authority, the Liverpool Regional Hospital Board and the Southport and District Hospital Management Committee to determine the policy to be adopted. If it is decided to discuss the matter in this way, I would advise that the Ministry of Health be asked to send a representative.

I think the solution in Southport may be a 30 place special hostel for such patients under the administration of the Health Committee but it is essential to avoid the danger of such a home becoming a sort of second rate hospital. Meanwhile, however, I have included this project in the second five year period.

In connection with the after care of psychiatric cases, the Liverpool Regional Hospital Board has requested payment for the services of the Consultant Psychiatrist.

Chiropody Service for Old People. During the first five year period consideration will have to be given to the establishment of branch clinics in the northern and southern ends of the town. As the number of old people in the town increases the demand for this service is likely to rise and the service will probably have to be increased.

Laundry Service for Patients being Nursed at Home. It is hoped that early development in the hospital laundry service will make it possible by arrangement with the Southport & District Hospital Management Committee to provide a laundry service for incontinent patients remaining in their own homes. The service might be linked with the proposed improvements for the Sick Room Equipment Service.

Sick Room Helpers' Service. The Council provides at present a small 'night sitter' service using part-time staff. This is mainly intended to provide temporary help for patients awaiting admission to hospital, but will almost certainly need to be expanded in the light of the present hospital policy.

DOMESTIC HELP SERVICE (SECTION 29)

For many years this service has been organised by the non-medical Supervisor of Midwives, and although there are advantages in having a trained nurse in charge to assess the need for help for elderly and handicapped patients, it is becoming increasingly clear that this administrative arrangement should not be allowed to continue indefinitely. During the ten year period 1951-52 and 1961-62 the service has increased and comparable figures are shown below:—

<i>Financial Year</i>	<i>No. of Helps Employed</i>		<i>No. of Households Helped</i>	<i>Total No. of hours worked by Helps</i>
	<i>Full-time</i>	<i>Part-time</i>		
1951—52	—	20	246	19,000
1961—62	2	63	651	75,000

Most of the demand is from geriatric patients and although this is a service for which payment must be made, an assessment scale is used where there is financial hardship. Persons who are receiving an allowance from the National Assistance Office receive the service free of charge.

As the proportion of old persons in the town increases in the next ten years it is evident that there will also be an increased demand for the domestic help service. When considering the total amount of help provided by the local health authority it should be mentioned that according to the statistics prepared by the Institute of Municipal Treasurers and Accountants for the year 1960/61, the average net cost per 1,000 population for the domestic help services of all county boroughs was £177 13s. 0d. as compared with a

et cost of £129 2s. 0d. for Southport. These figures show that although there has been a considerable increase in this service in Southport during the last ten years, the amount of help provided in total is not excessive compared with the average for all county boroughs in the Country.

There is a need for much improved training facilities for the staff employed, and one of the medical staff of the department should have sufficient time allocated to enable this to be arranged. Any further increase in the service will necessitate better transport facilities for the Organiser and it is thought that a small car or van will be essential.

During the first five year period it is thought that the service should be increased by the equivalent of 8 full-time helps and by a further 8 full-time helps by the end of the second five year period.

It will also probably be necessary to appoint an assistant organiser at the end of the first five year period.

TECHNICAL, ADMINISTRATIVE AND CLERICAL STAFF

Medical Staff

As already mentioned elsewhere in the report the intention is that one full-time Additional Assistant Medical Officer of Health/School Medical Officer should be employed, the appointment to take place during the first five year period.

Clerical Staff.

The information about the number of staff to be employed during the next ten years for the purpose of the local health authority services as shown in Part III of the Appendix, estimates that (excluding staff for the ambulance service and clerical staff) the number of equivalent full-time staff will have increased from 105 to 130 by 1966/67 and to 153 by 1971/72. The approximate increase, therefore, at the end of the ten year period is 50%. Changes of this kind will inevitably require employment of additional clerical staff and the statement shown below indicates the way in which the number of staff employed may have to be adjusted during the years to come.

	1962/63	1966/67	1971/72
		(end of first 5 year period)	(end of second 5 year period)
<i>Service</i>	<i>No. of Staff employed</i>	<i>No. of Staff to be employed</i>	<i>No. of Staff to be employed</i>

National Health Service

(figures in accordance with information shown in Part III of Appendix)

11

15

17

It is intended that the numbers and salary gradings of the administrative and clerical staff to be employed for the developing services for which the Health Department will be responsible, should be the subject of a special report to be presented to the appropriate Committees at a later date.

Almoner.

It is recommended that during the second five year period the Health Committee should consider the appointment of an almoner. Some local health authorities have already made such an appointment and a person with this qualification would be of considerable help in the expanding health and welfare services, particularly if they were accommodated in one department as mentioned elsewhere in this report.

ASSOCIATION WITH VOLUNTARY ORGANISATIONS

I do not need to draw special attention to the large amount of voluntary work which is done in this town and which makes a large contribution to the well-being of its citizens.

The Health Department receives direct help from the following:—

The Southport Voluntary Infant Welfare Centre Committee.

The Southport Voluntary Tuberculosis Care Committee.

The Southport Branch of the Society for Mentally Handicapped Children.

The Friends of the Mentally Handicapped.

The Southport Old People's Welfare Committee (Chiropody Service for Old People).

The Southport and Birkdale District Nursing Society.

The Southport Voluntary Moral Welfare Committee.

The Southport Voluntary Home Safety Committee.

The Women's Voluntary Service.

The Southport Council of Social Service.

The service which requires strengthening at present is the 'Meals on Wheels' service and it is hoped that means will be found to do this. Voluntary visiting of elderly people is also likely to assume increasing importance.

In addition to the organisations mentioned above, help has also been received by the Health Department on occasions from other voluntary bodies in the town.

G. N. M. WISHART,

Medical Officer of Health

Health Department

2 Church Street

Southport

July, 1962

APPENDIX — PART I — NET REVENUE EXPENDITURE

(Including Loan Charges, Capital Expenditure for Revenue and Architectural Charges)

Service	Approximate Estimate					
	1962/63	1963/64	1964/65	1965/66	1966/67	1971/72
Health Centres ...	£ —	£ —	£ —	£ —	£ —	£ —
Care of Mothers and Young Children—						
Day Nurseries ...	12,455	12,470	12,594	12,721	12,928	13,211
Welfare Centres and Clinics ...	7,981	7,901	9,976	10,981	10,995	13,459
Other Services ...	1,005	1,039	1,076	1,115	1,148	1,572
(Total—Care of Mothers and Young Children)	21,441	21,410	23,646	24,817	25,071	28,242
Midwifery (including expenditure as Local Supervising Authority)						
Health Visiting ...	5,708	5,737	6,715	6,745	6,774	6,805
Home Nursing ...	12,749	12,964	14,482	14,687	15,772	17,604
Vaccination and Immunisation ...	17,445	17,990	18,813	20,960	21,736	22,171
Ambulance Service ...	3,036	3,275	3,524	3,799	3,799	3,948
Prevention of Illness, Care & After-care (excluding Mental Health):	29,979	27,986	28,245	31,152	31,401	31,993
Tuberculosis ...	1,889	1,920	1,951	1,980	2,015	2,566
Sickroom Helpers ...	495	526	558	596	634	816
General ...	2,450	4,344	5,252	5,384	5,513	8,140
(Total—Prevention of Illness, Care and After-care)	4,834	6,790	7,761	7,960	8,162	11,522
Domestic Help ...	12,809	13,955	14,700	15,445	17,520	21,061
Mental Health:						
Training Centre ...	12,690	12,897	14,446	14,577	14,796	15,596
Hostel ...	3,044	3,390	10,764	11,900	13,580	23,521
Other Services ...	9,152	9,265	11,274	11,262	10,641	13,715
(Total—Mental Health)	24,886	25,522	36,484	37,739	39,017	52,832
Expenditure under other enactments and on general administration ...	11,969	13,467	13,868	14,930	15,663	17,602
Expenditure on local health services not reckonable for general grant ...	2,979	3,021	3,065	3,109	3,160	4,725
Total for Local Authority Health Services (equivalent to item 4 of Table A of the Epitome of Accounts)	147,835	152,147	171,303	181,343	188,075	218,505

APPENDIX — PART II(a)

List of Premises at 31st March, 1962, used for the Local Health Authority Services

Location	Purpose	Condition of Building	Type and Area of Building in Square Feet
1. 2 Church Street	Administrative offices and clinics for local Health Authority and School Health Services.	Not Satisfactory*	2 storey building. 8,400 (excluding caretaker's flat).
2. 44/46 Houghton Street.	do.	Not satisfactory. These buildings* have no central heating and have been condemned by the Borough Architect as having had their useful life. * To be replaced by new Health Department built on 2 Church Street, 44/46 Houghton Street site. (See item 1 for financial year 1967/68 in Part II(b).)	2 storey building. 4,450
3. 52 Houghton Street.	Headquarters of the District Nursing Society which provides home nursing on an agency basis. The building is owned by the Southport and Birkdale District Nursing Society.	Satisfactory.	3 storey building. 4,500
Peripheral (a) <i>Infant Welfare Centres</i> (i) <i>owned by Local authority</i> 1. Hampton Road	Infant Welfare Centre, School Health Physiotherapy Sessions, Mental Health Occupational Therapy Sessions.	Satisfactory	Single storey building. 2,800.
2. Poulton Road	Infant Welfare Centre	Satisfactory.	Single storey building with 2 storey caretaker's flat.

4. Liverpool Road, Ainsdale	Used by Health Visitors.	Not satisfactory. To be replaced when new Infant Welfare Centre is built at Ainsdale. (See item 2 for financial year 1963/64 in Part II(b).)	Wooden Hut. 2,100.
(ii) <i>rented by local authority.</i>			
1. Liverpool Road, Birkdale.	Infant Welfare Centre.	Not satisfactory. To be replaced by Infant Welfare Centre on Lincoln House site (building work has commenced.)	2,000 Approx.
2. Derby Road, Southport.	Infant Welfare Centre	Not satisfactory. To be replaced by centre which will be included in new Health Department. (See Item 1 for financial year 1967/68 in Part II(b).)	2,000 Approx.
3. Liverpool Road, Ainsdale.	Infant Welfare Centre.	Not Satisfactory. To be replaced (See item 2 for financial year 1963/64 in Part II(b).)	2,000 Approx.
(b) <i>Special Premises.</i>			
1. Talbot Street, Southport.	Day Nursery	Satisfactory.	Single storey building. 6,400.
2. Bedford Park, Birkdale.	Day Nursery.	Considered satisfactory for next 10 years.	Single storey prefabricated building 3,200.
3. Southport Training and Industrial Centre, Ainsdale.	For the mentally subnormal.	Satisfactory.	Single storey building. 9,000.

APPENDIX — PART II(b)

Capital Programme

Schemes	Location and Size	Need	Provisional Cost	Effect on Revenue Expenditure
Financial Year 1962 NONE	/63			
Financial Year 1963 1. Residential Hostel for Mentally Handicapped	Ainsdale—(to be built on land owned by the Health Committee adjacent to the site of the new Training and Industrial Centre which was opened in October, 1961) 24 beds with dining room and common rooms and accommodation for resident staff.	<i>New Provision</i> To provide accommodation required in accordance with the Mental Health Act, 1959, and the Council's approved proposals.	Buildings £37,200 Street Works 550 Furniture and Equipment 5,500 *Land 3,000 *Architectural Charges 2,950 <hr/> £49,200	(†) £9,417
2. Child Welfare Centre and School Health Service Clinic.	Ainsdale. 1 acre of land required.	<i>Replacement</i> The present child welfare centre for this area is held in church premises and this arrangement is not satisfactory. It is the Council's intention to replace all rented child welfare centre premises by combined welfare centre and school health service buildings. This centre and clinic will be situated in an area of the town which is being developed for general housing accommodation. This development area is on the borough boundary and is approximately four miles from the town centre. (See Part II(a) 'Peripherial' Item (a)(i) 4 and (a)(ii)3.)	Buildings £20,700 Street Works 950 Furniture and Equipment 1,100 *Land 1,000 *Architectural Charges 1,700 <hr/> £25,450	(†) £2,344
Financial Year 1964 1. Residential Hostel for Mental Patients.	/65 Site not yet chosen. Accommodation for 12 beds with dining room and common rooms, and accommodation for resident staff.	<i>New Provision</i> To provide accommodation required in accordance with the Mental Health Act, 1959, and the Council's approved proposals.	Buildings £18,900 Street Works 450 Furniture and Equipment 2,750 *Land 600 *Architectural Charges 1,500	(†) £2,483

Centre and School Health Service Clinic	area. required	centre session should be provided on one half day each week in rented premises in the Marshside/Churchtown area of the town. This arrangement should start later in the present financial year 1962/63 and the position is to be reviewed at the end of 12 months. If the need for a permanent centre is established, then a new building will be required as indicated.	Furniture and Equipment *Land *Agricultural Charges	1,100 1,000 1,700 <hr/> £25,450
Financial Year 1965	/66			
NONE				
Financial Year 1966	/67			
NONE				
Financial Year 1967	/68	<i>Replacement</i> To replace existing central administrative and clinic buildings at 2 Church Street and 44/46 Hoghton Street (see Items 1 and 2 Part II(a)) and Infant Welfare Centre in rented premises at Derby Road (see Item (a)(ii)2 in Part II(a).)	Buildings Furniture and Equipment *Architectural Charges	£150,000 3,000 11,650 <hr/> £164,650
Financial Year 1968	/69.	<i>New Provision</i> To provide accommodation for senile dementia patients who are not suitable for care in either Part III Welfare Homes or Geriatric Hospitals.	Buildings Street Works Furniture and Equipment *Land *Architectural Charges	£47,000 1,500 4,500 1,000 3,750 <hr/> £57,750
1. Residential Hostel for Senile Dementia Patients. (30 places).	Not known. Site to be chosen.			(†) yearly increase £11,621.
Financial Year 1969	/70			
NONE				
Financial Year 1970	/71			
NONE				
Financial Year 1971	/72			
NONE				

* These items are likely to be financed from revenue.

APPENDIX — PART III

STAFF (excluding School Health Service Staff)

Category of Staff	Actual 1961/62	Estimate 1962/63	Estimate 1963/64	Estimate 1964/65	Estimate 1965/66	Estimate 1966/67	Estimate 1971/72
Doctors (including Medical Officer of Health) ...	No. 2 9/10ths	No. 3	No. 4	No. 4	No. 4	No. 4	No. 4
Dentists ...	3/20ths	3/20ths	3/20ths	3/20ths	3/20ths	3/20ths	3/20ths
Domiciliary Midwives (including supervisory staff) ...	3 1/5th	3 1/5th	3 1/5th	4 1/5th	4 1/5th	4 1/5th	4 1/5th
Home Nurses (including supervisory staff) ...	19	19	19	20	21	22	24
Staff (other than domestic) in Day Nurseries ...	20	20	20	20	20	20	20
Other Nursing Staff in the Health Service (Health Visitors) ...	11½	12½	12½	13½	13½	14½	16½
Ambulance Staff (all grades) ...	21	21	21	21	24	24	24
No. of Vehicles ...	(9)	(10)	(10)	(10)	(11)	(11)	(11)
Staff (other than domestic) in Training Centre for Mentally Subnormal	5	5	5	7	7	7	8
Home Helps (including supervisory staff) ...	34	36	38	40	42	44	52
Staff (other than domestic) in Residential Accommodation under Section 28/46:							
Hostel for Mentally Subnormal patients ...	Nil	Nil	Nil	4	4	4	4
Hostel for Mentally Ill patients ...	Nil	Nil	Nil	Nil	2	2	2
Hostel for senile dementia patients ...	Nil	Nil	Nil	Nil	Nil	Nil	8
Domiciliary Social or Welfare Workers:							
(a) University or equivalent training:							
Psychiatric Social Worker ...	½	½	½	½	½	½	½
Almoner ...	—	—	—	—	—	—	1
(b) General training in social work:							
Mental Health Officers ...	3	3	3	4	4	4	4
(c) Other Social Workers:							
Occupational Therapist and Craft Instructress ...	1	2	2	2	2	2	4
(d) Welfare Assistants ...	1	1	1	1	1	1	1
Other Staff (Storeman/Driver in 1963/64. Health Education Officer in 1964/65) ...	—	—	1	2	2	2	2
Clerical Staff ...	10½	11	12	13	14	15	17
Sickroom Helpers (Night Sitters' Service) ...	1	1½	1¾	2	2¼	2½	3½

Notes: (1) Part time staff have been expressed in terms of their whole time equivalent.

(2) The number of staff is that assumed to be employed on the 31st March at the end of each financial year.

APPENDIX — PART IV

Details of Plan for Southport and Ormskirk Area

(Extract from 'A Hospital Plan for England and Wales' issued by
The Ministry of Health and dated January, 1962)

This is the area served by the Southport and District and the Ormskirk and District Hospital Groups. The 1961 population was 167,000 and the 1975 population is estimated to be 215,000, including some allowance for the development of Skelmersdale new town.

This is a mainly rural area, in which the largest town is the County Borough of Southport, a seaside resort that attracts many summer visitors and to which many older people retire.

The numbers of staffed beds available on 31st December, 1960, were as follows:—

Hospital	Acute	Geri- atric	Mater- nity	Mental Illness	Mental Subnor- mality	Other	TOTAL
Southport General Infirmary ...	189	—	—	—	—	—	189
Southport Promenade ...	146	68	—	—	—	—	214
New Hall ...	111	34	—	—	—	—	145
Christiana Hartley Maternity ...	—	—	30	—	—	—	30
Sunnyside ...	68	—	—	—	—	—	68
St. Katharine's Maternity Home	—	—	15	—	—	—	15
Fleetwood Road...	—	65	—	—	—	—	65
Victoria ...	—	30	—	—	—	—	30
Children's Convalescent ...	—	—	—	—	—	105	105
Hesketh Park Convalescent ...	—	—	—	—	—	120	120
Ormskirk County ...	198	83	50	119	—	—	450
Ormskirk Children's ...	11	—	—	—	25	—	36
Rufford ...	62	—	—	—	—	—	62
Maghull ...	—	30	—	—	—	—	30
Ormskirk General ...	33	12	—	—	—	—	45
TOTAL ...	818	322	95	119	25	225	1,604

In the years 1961-62 to 1965-66 it is expected to start rebuilding the out-patient and casualty department at Ormskirk County Hospital.

It is expected that the following major schemes will start in the years 1966-67 to 1970-71:—

- (i) Redevelopment and extension of the Southport General Infirmary (first phase)
- (ii) Extension of the Christiana Hartley Maternity Hospital.

As these schemes are completed, they will enable better provision to be made for the work now done at the following hospitals:—

St. Katharine's Maternity Home.
Fleetwood Road.

Victoria.
Ormskirk General.

It is likely to be possible for the Children's Convalescent and Hesketh Park Convalescent Hospitals to be closed.

The Ormskirk Children's Hospital will be converted for use by mentally subnormal children.

The approximate numbers of staffed beds expected to be available when these schemes are completed (by about 1975) are as follows:—

Hospital	Acute	Geriatric	Maternity	Mental Illness	TOTAL
Southport General Infirmary	350	—	—	60	410
Southport Promenade	30	110	—	—	} 240
New Hall	—	100	—	—	
Christiana Hartley Maternity	—	—	50	—	50
Sunnyside	68	—	—	—	68
Ormskirk County	} 260	83	50	119	512
Rufford		30	—	—	30
Maghull	—	30	—	—	30
TOTAL (rounded)	710	320	100	180	1,310

As far as can be foreseen, the next stage of modernisation of the services of this area which is not expected to start until after 1970-71, will be the completion of development at the Southport General Infirmary and Ormskirk County Hospital.

Summary of Recommendations re new Buildings, Additional Staff and Additional Vehicles

Service	Financial Year 1963/64 (i.e. from 1st April, 1963)	Financial Year 1964/65 (i.e. from 1st April, 1964)	Financial Year 1965/66 (i.e. from 1st April, 1965)	Financial Year 1966/67 (i.e. from 1st April, 1966)	Financial Years 1967/68 to 1971/72
Infant Welfare Centres	Lincoln House Centre, to be opened.	Ainsdale Centre, to be opened	Marshside Centre to be opened	—	—
Midwifery Service	—	Extra midwife to be appointed (with motor car allowance)	—	—	—
Health Visiting	—	(a) Extra Health Visitor to be appointed. (b) Additional motor car to be bought.	Additional motor car to be bought	(a) Extra Health Visitor to be appointed. (b) Additional motor car to be bought.	Extra 2 Health Visitors and additional motor car from 1st April, 1969.
Ambulance Service	—	—	(a) Extra 3 men to be appointed. (b) Additional ambulance to be bought.	—	—
Home Nursing*	—	(a) Extra Nurse to be appointed. (b) Additional motor car to be bought.	(a) Extra Nurse to be appointed. (b) Additional motor car to be bought	(a) Extra Nurse to be appointed (b) Additional motor car to be bought.	(a) Extra Nurse and additional motor car from 1st April, 1967. (b) Extra Nurse and Additional motor car from 1st April, 1968.
Domestic Help	Extra Help to be appointed—equivalent of 2 full time helps.	Extra Help to be appointed—equivalent of 2 full time helps.	Extra Help to be appointed—equivalent of 2 full time helps.	(a) Extra Help to be appointed—equivalent to 2 full time helps. (b) Assistant Organiser to be appointed.	Extra Help to be appointed—equivalent of 8 full time helps during 5 year period.

Sickroom Equipment Service.	(a) Storeman/Driver to be appointed.	—	—	—	(c) Extra Mental Welfare Officer to be appointed. (d) Additional motor car to be bought.	—	(c) Extra Occupational Therapist† from 1st April, 1967. (d) Extra Craft Instructress† from 1st April, 1970. † With car allowance.
	(b) Additional motor van to be bought.	—	—	—			
Clerical	Extra Clerk to be appointed.	Extra Clerk to be appointed.	Extra Clerk to be appointed.	Extra Clerk to be appointed.		Extra Clerk from 1st April, 1967. Extra Clerk from 1st April, 1968.	
Medical	Extra Assistant Medical Officer of Health to be appointed.	—	—	—		—	
Other	—	Health Education Officer to be Appointed.	—	—		Almoner to be appointed from 1st April, 1967.	
Administrative and Clinic Services	—	—	—	—		New Health Department from 1st April, 1968—to replace old buildings at 2 Church Street and 44/46 Hoghton Street.	

* It has been assumed that the five additional cars will be bought by the Southport and Birkdale District Nursing Society from their capital fund. This has been the policy of the Voluntary Society in the past when additional vehicles have been required.

Part III

CONTROL OF INFECTIOUS DISEASE

Tuberculosis

Venereal Disease

Notifiable Infectious Diseases

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the Department during the year was 46, of these, 42 were found to be suffering from pulmonary disease, and 4 from non-pulmonary disease. The following table shows the age and sex of these patients together with similar information regarding the number of persons who died of tuberculosis during the year.

AGE PERIODS (in years)	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ...	—	—	—	—	—	—	—	—
1 to 5 ...	—	1	—	2	—	—	—	—
5 to 15 ...	—	—	—	—	—	—	—	—
15 to 25 ...	2	6	1	1	—	—	—	—
25 to 45 ...	10	4	—	—	—	—	—	—
45 to 65 ...	7	6	—	—	2	—	—	—
65 to 75 ...	2	1	—	—	1	1	—	—
75 and over	3	—	—	—	—	—	—	—
TOTALS ...	24	18	1	3	3	1	—	—

Treatment Clinic—The 46 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications ...	...	...	...	...	...	...	...	30
(b) By transfers from other areas ...	...	...	...	...	...	...	...	15
(c) From Death Returns ...	...	...	...	...	...	...	...	—
(d) Lost sight of cases returned ...	...	...	...	...	...	...	...	1
TOTAL ...								46

All the cases for which primary notifications were received and all patients transferred from other areas were seen at the Treatment Clinic which is held at the Southport Infirmary. The total number of cases on the Clinic Register at the end of 1962 was 262, and 27 of these patients were found to have sputum containing tubercle bacilli. During the year, 52 Treatment Clinics were held and 462 visits were made by patients; the total number of X-ray examinations of patients was 390.

It should be mentioned that the Southport and District Hospital Management Committee is responsible for the organisation and administration of the Tuberculosis Treatment Clinics.

The following summary of notifications and deaths from tuberculosis during the last ten years shows that the notifications of pulmonary tuberculosis are tending to decrease, that the gradual decline in the notifications of non-pulmonary tuberculosis continues and that there was a marked fall in the number of deaths from both forms of the disease.

YEAR	NEW CASES		DEATHS	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1952 ...	71	13	12	6
1953 ...	67	9	13	5
1954 ...	68	9	16	—
1955 ...	65	10	13	—
1956 ...	61	—	—	—
1957 ...	46	3	9	1
1958 ...	62	6	6	1
1959 ...	40	4	7	2
1960 ...	33	—	4	—
1961 ...	31	1	4	—
1962 ...	42	4	4	—

Contact Clinic—The Health Committee is responsible for the Contact Clinic and this is also held at the Southport Infirmary by arrangement with the Hospital Management Committee.

During the year 42 clinics were held and 761 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 710. Three contacts were found to be suffering from pulmonary tuberculosis in 1962.

Domiciliary Visiting—A Health Visitor is employed by the Health Committee for the purpose of visiting cases in their own homes to give help and advice to patients and their families.

The following table shows the number of visits made by this Health Visitor during the year:—

To Patients—	First Visits	...	...	...	...	...	...	...	31
	Re-Visits	...	...	...	...	...	...	...	1,049
	Other Chest Cases	...	...	...	...	...	...	...	16
To Contacts—	First Visits	...	...	...	...	...	...	...	183
	Re-Visits	...	...	...	...	...	...	...	521
									<hr/> 1,800 <hr/>
	"No Access" Visits	...	...	...	...	...	...	...	<hr/>151 <hr/>

In addition, the Health Visitor also attends at the Tuberculosis Treatment and Contact Clinics and this arrangement is very satisfactory as it provides a useful link between the Hospital Service and the Health Committee's Service.

During 1962, the Health Visitor made 74 attendances at the Tuberculosis Treatment and Contact Clinics, and 2 attendances at B.C.G. Clinics.

Housing—The Points Scheme which is used for the purpose of selecting tenants for Corporation houses, makes special provision for tuberculous patients. Additional points are awarded when either the applicant or his wife, or any of their children, are known to be suffering from infectious tuberculosis. This concession is of benefit to those cases where improved housing accommodation is essential for the patient and his or her family.

Mass Miniature Radiography Unit.

Two visits were made by this Unit to Southport during 1962. Open Sessions were held at Hoghton Street and Cambridge Hall on the 8th and 10th January respectively and from the 5th September to the 12th October, visits were made to industrial and commercial concerns. Further public sessions were also held at Hoghton Street and Cambridge Hall during this survey. The statistics are as follows:—

					Males	Females	Total
No. of x-rays taken in January, 1962	...	...	...	...	406	637	1,043
No. of x-rays taken in September/October, 1962			...	...	2,169	2,714	4,883
					<hr/>	<hr/>	<hr/>
Total x-rays for 1962	...	...	...	...	2,575	3,351	5,926
					<hr/>	<hr/>	<hr/>

Findings:

Tuberculosis requiring close supervision	...	...			2	6	8
Tuberculosis requiring occasional supervision	...	...			4	6	10
Malignant Neoplasms	...	...	...	...	5	—	5
Non-malignant Neoplasms	...	...	...	...	—	2	2
Congenital Cardiac Abnormalities		...	...	...	1	4	5
Acquired Cardiac Abnormalities (referred to Family Doctor)					18	56	74
Bronchiectasis	...	...	...	...	3	12	15

	1958			1959			1960			1961			1962		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year	391	35	426	390	34	424	312	23	335	272	15	287	258	15	273
2. No. of patients added during the year:															
(a) primary notifications of new cases	34	5	39	22	4	26	16	—	16	17	1	18	27	3	30
(b) transfers from other areas	26	—	26	15	—	15	15	—	15	11	—	11	14	1	15
(c) lost sight of cases returned	2	—	2	—	—	—	1	—	1	2	—	2	1	—	1
TOTALS (1)	453	40	493	427	38	465	344	23	367	302	16	318	300	19	319
3. No. of patients deleted during the year:															
(a) died (from Tuberculosis)	14	—	14	4	—	4	3	—	3	4	—	4	3	—	3
(b) transferred to other areas	21	—	21	10	2	12	10	1	11	12	—	12	10	—	10
(c) recovered	26	6	32	84	12	96	42	5	47	18	—	18	23	5	28
(d) lost sight of or refused further assistance	2	—	2	6	1	7	6	2	8	5	1	6	7	1	8
(e) tuberculosis not primary cause of death	—	—	—	11	—	11	11	—	11	5	—	5	8	—	8
TOTALS (2)	63	6	69	115	15	130	72	8	80	44	1	45	51	6	57
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2))	390	34	424	312	23	335	272	15	287	258	15	273	249	13	262
5. Summary of new patients found during the year:															
(a) Primary notifications of new cases	34	5	39	22	4	26	16	—	16	17	1	18	27	3	30
(b) Transfers from other areas	26	—	26	15	—	15	15	—	15	11	—	11	14	1	15
(c) Patients found from death returns (figures not included in items (1) to (4) above)	—	1	1	3	—	3	1	—	1	1	—	1	—	—	—
(d) Lost sight of cases returned	2	—	2	—	—	—	1	—	1	2	—	2	1	—	1
TOTAL NUMBER OF NEW PATIENTS	62	6	68	40	4	44	33	—	33	31	1	32	42	4	46

VENEREAL DISEASES

At the end of the year, 115 new cases were under treatment at the clinic, as compared with 111 cases at the end of 1961.

These new cases were classified as follows:—

	Male	Female	Total
Syphilis	2	3	5
Gonorrhoea	13	2	15
Non-Venereal Infections	59	36	95
Totals	74	41	115

The following statement shows the number of cases of syphilis and gonorrhoea during the last fifteen years:—

YEAR	SYPHILIS					GONORRHOEA		
	Number of new cases during the year			Number of cases on register at end of year	Total number of attendances during year	Number of new cases during the year	Number of cases on register at end of year	Total No. of attendances during year
	Congenital	Others	Total					
1948	6	29	35	151	2321	77	102	2395
1949	3	26	29	163	1892	37	106	1420
1950	—	16	16	155	1795	15	72	639
1951	5	11	16	92	1496	15	21	206
1952	6	9	15	84	1535	9	7	107
1953	2	10	12	62	1184	8	2	84
1954	1	6	7	57	1412	3	2	18
1955	1	7	8	56	1625	4	5	46
1956	3	7	10	49	1336	6	4	85
1957	—	7	7	55	1152	10	3	78
1958	—	5	5	48	1151	8	5	43
1959	—	1	1	45	657	10	4	73
1960	2	6	8	47	769	14	5	92
1961	1	9	10	46	867	15	3	83
1962	—	5	5	47	922	15	6	71

During 1962 95 non-venereal cases made 388 attendances and there were 30 such cases on the register at the end of the year.

An important feature of the prevention and treatment of venereal disease is the work which is done to ensure that patients attend for treatment at regular periods. So far as the female patients are concerned, this follow-up work is done by one of the Health Visitors; this Health Visitor is also present at the V.D. Clinic when patients are being seen by the Consultant Physician, and the arrangement is of great value in maintaining a close liaison between the district and clinic work.

As there is no suitable person on the staff of the Health Department to deal with the follow-up of male patients, an arrangement has been made with the Southport and District Hospital Management Committee for the male nurse at the V.D. Clinic to undertake these duties during his off-duty time on a repayment basis, and due to his efforts the number of male defaulters has been reduced to a minimum.

During the year the Health Visitor made 46 follow-up visits and also attended 44 V.D. Clinics. At the commencement of the year there were 3 male defaulters on the register and 61 other names were added during the course of the year. The male nurse dealt successfully with 56 of these, leaving 8 patients as defaulters at the end of the year. 50 home visits were made by the male nurse during the period under review.

INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1962

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED AGES IN YEARS							
	At All Ages	Un- der 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 Up- ward
Chickenpox	697	16	224	419	10	24	4	—
Dysentery	69	4	30	17	5	11	1	1
Erysipelas	6	—	—	—	—	—	5	1
Food Poisoning	3	—	—	—	—	1	1	1
German Measles	2,369	41	375	1,585	210	131	24	3
Measles	546	9	256	270	6	4	1	—
Meningococcal Infection ...	1	—	1	—	—	—	—	—
Pneumonia	32	8	2	3	1	1	5	12
Poliomyelitis	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—
Scarlet Fever	25	—	3	17	3	2	—	—
Whooping Cough	15	1	9	5	—	—	—	—
Encephalitis	1	—	—	1	—	—	—	—
Typhoid Fever	2	—	—	1	—	1	—	—
TOTALS	3,766	79	900	2,318	235	175	41	18

NOTIFIABLE DISEASE	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED											DEATHS FROM INFECTIOUS DISEASE											
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total Cases for 10 years 1953 to 1962	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	Total Deaths during 10 years 1953 to 1962	
Chicken Pox	225	1395	286	498	746	173	383	656	445	697	5504	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	18	154	35	134	—	13	5	37	26	69	491	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	1	1	—	—	—	—	—	—	1	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	22	10	9	12	6	6	5	12	7	6	95	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	26	2	16	5	—	26	3	4	3	3	88	—	—	—	—	—	—	—	—	—	—	—	—
German Measles	1505	60	57	110	169	86	70	91	231	2369	4748	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1202	457	238	813	476	124	1554	348	1107	546	6865	—	1	—	—	—	—	—	—	—	—	—	1
Meningococcal Infect'n	—	1	3	3	1	—	2	1	1	1	13	—	1	—	2	—	—	—	—	—	—	—	3
Ophthalmia Neonatorum	—	—	—	—	—	1	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis	9	9	10	13	3	6	4	—	1	3	58	5	—	—	—	1	1	2	—	—	—	—	9
Para-Typhoid Fever	—	—	1	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	32	15	31	37	41	12	21	14	17	32	252	22	27	58	50	52	45	28	51	67	66	466	
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	7	2	9	6	4	3	2	—	7	—	40	—	1	1	—	—	1	—	—	—	—	—	3
Puerperal Pyrexia	5	1	—	4	1	1	1	1	—	—	14	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	67	68	65	62	46	62	40	33	31	27	501	13	16	13	6	9	6	7	4	4	4	82	
Scarlet Fever	176	55	32	26	40	53	144	46	29	25	626	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	206	452	43	198	63	50	113	60	34	15	1234	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	3501	2682	835	1922	1596	616	2347	1304	1940	3796	20539	40	46	72	58	62	53	37	55	71	70	564	

Part IV

ENVIRONMENTAL HYGIENE

Water Supply

Public Baths

Public Mortuary

Sanitary Inspection

Factories

Rodent Control

Summary of Visits

Inspection of Rag Flock and other Filling Materials

Clean Air

Housing

SANITARY CIRCUMSTANCES OF THE AREA

Geology—The area consists of a bed of blown sand resting on peat, below which lies a bed of laminated blue clay. While the lower strata appears to be undergoing an exceedingly slow subsidence, any loss which might result from that circumstance is much more than made good by the continual accretion of sand derived from the Mersey. Land is gradually being reclaimed, both by natural and artificial means. The overlying sand on the east and south borders gradually thins out, exposing a margin of peat within the boundary of the area.

The elevation of the built-upon area varies from about 12 feet to 38 feet above Ordnance Datum.

Water—The water supply is provided by the West Lancashire Water Board which is responsible also for the supply to several neighbouring local authorities.

All the water supplied is pumped from wells and boreholes sunk in the sandstone rocks to depths varying between 180 and 1,000 feet.

The five pumping stations which contribute to the supply of Southport are situated five to ten miles south-east of the town.

Owing to the depth of the wells and the control exercised over their surroundings the water, though hard, is consistently of the highest standard of bacterial purity. As a precaution, however, all water is chlorinated at the source.

At four pumping stations filters are installed to remove the iron and manganese present in the water as it comes from the wells. After filtration and chlorination the water is stored in covered reservoirs.

Samples are taken for chemical and bacteriological examination at regular intervals

Town's Water, Chemical Analysis, 30th August, 1962

										Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	...	468
Oxygen absorbed	}	in 15 minutes	...	...	...	...	...	...	...	0.08
from Permanganate		in 3 hours	...	...	...	...	...	...	...	0.16
Ammonia	...	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	...	Nil
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	...	0.06
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	...	32
Free Chlorine	...	...	...	...	...	...	...	...	...	0.02
Lead	...	...	...	...	...	...	...	...	...	Nil
Copper	...	...	...	...	...	...	...	...	...	Nil
Zinc	...	...	...	...	...	...	...	...	...	Nil
Total Iron	...	...	...	...	...	...	...	...	...	0.07
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	248
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	336

(p.H. value: 7.3)

Town's Water, Bacteriological Examination, 30th August, 1962

Number of Bacteria per ml. at 37° C.	...	...	...	...	=	Nil
Faecal Coli per 100 ml. in water examined	...	...	...	...	=	Nil
Total coliform organisms per 100 ml. in water examined	...	...	...	...	=	Nil

Remarks

This and other tests indicate that the water falls into the classification, 'one', which is highly satisfactory. 'Fluoride' is present in quantities of 0.1 parts per million approximately.

WATER SUPPLY TO HOUSES

Particulars	Number of houses	Population
(a) Mains supply, provided by The West Lancs. Water Board	26473	80730
(b) Water supply from sources other than specified above	2	4
TOTALS	26475	80734*

* Registrar-General's estimate for 1962.

Public Baths—The Victoria Baths near the Pier have ample bathing accommodation which, in addition to three sea-water swimming baths, comprise 45 Slipper Baths, two "Zotofoam" and "Pine Bubble" Baths, and a suite of Turkish and Russian Baths. The number of attendances during the twelve months ending 31st December, 1962, was 260,525.

The large Open-Air Bathing Lake in Princes Park is available for mixed bathing, and has a water surface of over 55,000 square feet. The Bathing Lake was visited by 149,399 persons during the year, of whom approximately two-thirds were bathers. The sea water with which the Lake is filled is first stored in settlement tanks so that any suspended matter is deposited. It is then filtered through fine gravel and sand and finally is carefully chlorinated. Before reaching the lake the water is aerated. This process goes on continuously so that all the water in the lake passes through the filters and chlorinating apparatus once in every 10½ hours. A proportion of fresh sea water is added daily after filtration and chlorination.

The bathing water at the Victoria Baths is purified in the same manner as that employed at the Sea Bathing Lake, but the turn-over period in each bath is approximately three hours.

Both chemical and bacteriological tests are made on the water of the swimming baths. The chemical analysis consists of the estimation of the pH Value, nitrites, free ammonia and chlorine content which consists of free residual chlorine and chloramines. The sample should comply in all respects with the Ministry of Health recommendations.

Bacteriological examination involves the estimation of the number of coliform bacilli in 100 millilitres on the water and also the number of Bact. coli (type 1) in a similar volume. No organisms of either type should be present. A Plate Count is also determined. No Plate Count should show more than 100 colonies per millilitre.

Ten chemical estimations of the chlorine content of the water from the Sea Bathing Lake were made of which six were unsatisfactory, but all four of the samples submitted for bacteriological examination were found to be satisfactory.

At the Victoria Baths, all eight samples of water submitted for chemical examination proved satisfactory, but one of the five examined bacteriologically did not comply with the test.

The factor affecting the results of the tests is the time at which they are taken in relation to the number of bathers, despite the amount of chlorine added to the water and the efficiency of filtration and aeration.

It is not considered that these results are by any means bad results but they are an indication that improved plant at the Open Air Swimming Pool could with advantage be installed. It is expected that improvements will be made in the fairly near future.

Satisfactory Chemical Sample of Bathing Water
Taken at Premier Plunge, Victoria Baths on 20th July, 1962

Appearance	...	...	...	...	...	Clear and bright. Minute trace of flocculent matter.
pH. Value	...	...	...	...	...	7.2
Nitrite	...	...	...	...	...	Faint Trace
Free Ammonia, parts per million	...	...	...	...	...	Trace.
Free Residual Chlorine, parts per million	...	...	...	...	...	0.57
Total available chlorine (free chlorine plus chloramines) parts per million	...	...	...	...	...	0.87
Result — Satisfactory						

Report on Bacteriological Examination of Bathing Water
at the Sea Bathing Lake on 6th June, 1962

Location of Sample	Probable numbers per 100 ml.		PLATE COUNT
	Coliform bacilli	Bact. coli (type 1)	
South end of Lake	0	0	0 organisms per ml.
Centre of Lake	0	0	0 organisms per ml.

Report on Bacteriological Examination of Bathing Water
at Victoria Baths taken on 21st February, 1962

Location of Sample	Probable numbers per 100 ml.		PLATE COUNT
	Coliform bacilli	Bact. coli (type 1)	
Premier Plunge	0	0	0 organisms per ml.
Small Bath	0	0	0 organisms per ml.

PUBLIC BATHS—ATTENDANCES 1959-1962

Year	NUMBER OF PERSONS ATTENDING			
	INDOOR			OPEN AIR
	Victoria Baths (Opened 1839) (Remodelled 1926)	Canning Road Baths (Opened 1903)	Compton Road Baths (Opened 1926)	Bathing Lake (Opened 1928)
1959	268284	5739	5650	416160
1960	258596	5674	5363	255127
1961	275011	4608	4544	234249
1962	260525	4396	4165	149399

SANITARY INSPECTION OF THE AREA

Land Charge Enquiries—Information has been supplied during the year on 2,077 enquiries in respect of properties and sites in the Borough.

Sewage Disposal—The Sewage Works at Bank End, Crossens, deals with over two-thirds of the sewage passing into the system, and although the plant is not of modern design, no serious complaints have been received regarding its efficiency.

The system of de-odourising the air when the wind direction is from the sea appears to act satisfactorily.

The new works at Ainsdale has materially helped in the development of the district and is now dealing with an average daily flow of 250,000 gallons.

The effluent from the Bank End Works is discharged into the sea and it is worthy of note that Southport's beach has been described in the national press as one of the very few "clean" ones.

The sludge from both works is disposed of by either drying or lagooning.

The Borough Engineer is responsible for the operation of both these works.

Drainage—The public reported a total of 1,983 cases of stoppages to house drains, and also 292 cases of defective drains.

As a result of the application of the free service provided by the department in cases of drain stoppages where plunging proves effective, 1,612 drain stoppages were cleared. In the remaining instances numbering 663, the work of supervising the necessary repairs and alterations was carried out by the Public Health Inspectors.

DRAIN STOPPAGES

MONTH	YEAR 1961				YEAR 1962			
	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed
January ...	176	6	39	131	159	10	17	132
February ...	177	15	23	139	152	4	24	124
March ...	151	5	29	117	132	3	33	96
April ...	164	4	38	122	192	7	28	157
May ...	176	10	33	133	152	6	15	131
June ...	147	8	23	116	167	8	21	138
July ...	173	12	28	133	203	15	15	173
August...	153	9	21	123	199	7	33	159
September ...	148	5	19	124	154	9	19	126
October ...	178	11	38	129	165	10	17	138
November ...	150	6	20	124	150	8	31	111
December ...	133	7	18	108	158	9	22	127
TOTALS ...	1,926	98	329	1,499	1,983	96	275	1,612

Sanitary Improvements—The Local Authority have been endeavouring to bring about a useful improvement in the sanitation of the railway houses in Haig Avenue. It was finally decided to ask the Member of Parliament to take up this matter with the British Transport Commission. At the close of the year a reply was received from the Member to the effect that the British Transport Commission has now no intention of proceeding with the installation of bathrooms in these houses but was, in fact, willing to negotiate with the Local Authority and to invite them to purchase the houses.

The conversion of insanitary Bristol ejector closets into modern wash-down pedestal closets, and the necessary alterations to the drains, consequent upon this work, has continued and increased during the year.

Statutory action under the Public Health Act, 1936, enabling the Corporation to contribute to the cost of these conversions, was taken in 242 instances, and the work was supervised by the district public health inspectors.

There are still many Bristol type closets in the Borough, and their conversion particularly in respect of food premises, is an urgent matter worthy of still greater effort.

Household Refuse—The work of collection and disposal of refuse is the responsibility of the Borough Engineer's Department.

Pest Control—In addition to the destruction of rats and mice, the advice of the technical staff is sought on many other cases where pests such as cockroaches, crickets, flies, bugs, wasps and other insects are involved.

Information has been given, and the work of extermination of these pests has been undertaken at the expense of the complainants in many cases.

Pet Animals—Twenty-nine visits were made to ensure that the requirements concerning the Welfare of animals for sale were observed.

Eight persons were granted licences to keep Pet Shops.

Shops—The administration of the Shops Act is carried out by the Weights and Measures Department. Defects under Section 38 of the Shops Act, 1950, have been referred to the Public Health Department and have been dealt with. The number of inspections made during the year totalled 24.

Schools—The regular inspection of the sanitary arrangements at the schools has continued, and the standard of cleanliness has been well maintained.

Hostel—There is one common lodging house in the Borough which provides frugal accommodation for men of the labouring class.

Whilst the accommodation provided is in no way pretentious it is clean, but the washing facilities could be improved, and suggestions which have been made during the 16 visits paid by the Health Inspectors are to be complied with.

Caravans—The Caravan Sites and Control of Development Act, 1960, came into force on the 29th August, 1960.

Number of licenced sites for caravans	...	...	...	...	4
Total number of caravans permitted	...	...	...	...	113

Only one of the sites is in use, and this site is well maintained.

Noise Abatement—The full effect of the Noise Abatement Act 1960 on the work of the Public Health Inspector's Section began to be felt during the year. Complaints of a noise nuisance arising from a social club continued to be followed up, and the persons responsible for the club re-built one wall of the premises, incorporating sound-proofing material. Adjustments were also made to the sound-amplification apparatus within the club.

Subsequent observations suggested that the amount of noise escaping from the club was appreciably reduced and was within reasonable limits.

PUBLIC MORTUARY

The mortuary facilities in the town at Duke Street Cemetery, though improved in 1956, cannot be regarded as of the type and standard required in a modern County Borough. The buildings are old and have the disadvantage that the post-mortem room is separated by some distance from the mortuary so that it has proved to be difficult to adequately screen the premises. The provision of a modern mortuary has been discussed but no decision has yet been made.

The facilities were used on two hundred and forty occasions and one hundred and sixty-eight post-mortems were carried out during the year.

In addition 17 caskets containing the remains of German Airmen killed in World War II over England were temporarily housed in the mortuary.

FACTORIES

Sections 1 to 7 of the 1948 Factories Act are enforceable by local authorities in all factories where mechanical power is not used, and Section 7 is administered by them in all factories.

Working conditions such as cleanliness, overcrowding, temperature, ventilation and drainage of floors are dealt with under these sections of the Act and sanitary conveniences are referred to specifically in Section 7.

PREMISES	Number on Register	Number of inspections (1) Written notices (2)	
		1	2
Factories (other than domestic factories) where motive power is not employed	26	30	—
Factories where motive power is employed ...	399	314	2
OUTWORKERS EMPLOYED IN FINISHING OF WEAR- ING APPAREL	83	83	—

Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				AGRI- CULTURAL (5)
	NON-AGRICULTURAL				
	Local Authority (1)	Dwelling- Houses (including Council Houses) (2)	All other (including Business Premises) (3)	Total of Columns (1), (2) and (3) (4)	
(1) Number of properties in Local Authorities District ...	236	26,693	4,387	36,316	41
(2) Total Number of properties inspected as a result of notifi- cation Number of such properties found to be infested by:— Common rat Major ... Minor ... House Mouse Major ... Minor ...	33 2 19 — 14	179 8 50 — 37	85 8 22 — 47	297 18 91 — 98	2 — 2 — —
(3) Total number of properties inspected in the course of Survey under the Act ...	174	479	677	1,330	136
None of the above properties was found to be infested					
(4) Total of properties otherwise re-inspected	82	203	241	526	10
None of the above properties was found to be infested					
Total inspections carried out including re-inspections ...	289	861	1,003	2,153	148
Number of infested properties in Secs. 2, 3 and 4 treated by Local Authority	35	95	77	207	—
(7) Number of 'Block' Control Schemes carried out ...	5	—	—	—	—
(8) Any other action	420 sewer manholes baited. No poison taken				

The above table indicates that 2,153 visits were made to properties in the Borough, resulting in 207 infestations being discovered.

In addition, 148 inspections were made to agricultural properties and 2 infestations found.

Each of these cases was treated by the Local Authority's Rodent Officer and re-inspections were carried out. In no case did a re-infestation occur.

Early in the year, a ten per cent test baiting of all sewers in the Borough was carried out, with a completely negative result. Consequently, the Local Authority have been exempted by the Ministry of Agriculture, Fisheries and Food from any necessity to carry out further test baiting of the sewers until 1965.

Summary of Visits—During the year the total number of visits made by the inspectors was classified as follows:—

Nuisances							
COMPLAINTS—NUMBER INVESTIGATED:—							
(1) Housing Defects	...	...	...	...	...	...	361
(2) Choked and Defective Drains	...	...	...	...	...	...	2,275
(3) Emission of Smoke	...	...	...	...	...	...	32
(4) Accumulation of Offensive Matter	...	...	...	...	...	...	107
(5) Miscellaneous	...	...	...	...	...	...	459
TOTAL							3,234

VISITS:—							
Dwelling Houses	...	...	...	...	...	...	691
Common Lodging Houses	...	...	...	...	...	...	16
Houses let in Lodgings	...	...	...	...	...	...	9
Common Yards, Back Roads and Passages	...	...	...	...	...	...	224
Horse-Manure Middensteads	...	...	...	...	...	...	29
Pigstyes	...	...	...	...	...	...	46
Offensive Trades' Premises	...	...	...	...	...	...	61
Rag Flock and Upholstery Premises	...	...	...	...	...	...	10
Places of Public Entertainment	...	...	...	...	...	...	34
Public Sanitary Conveniences	...	...	...	...	...	...	355
Tents, Vans and Sheds	...	...	...	...	...	...	41
Abattoir	...	...	...	...	...	...	790
Food Vehicles	...	...	...	...	...	...	10
Ashes Receptacles (Ashpits and Dustbins)	...	...	...	...	...	...	66
Conversions (Earth Closets and Bristol Ejectors to W.C.'s)	...	...	...	...	...	...	798
Smoke Observations	...	...	...	...	...	...	48
Testing Drains:—							
By Inspection	...	...	...	...	...	...	737
By Smoke	...	...	...	...	...	...	13
By Breaking Down	...	...	...	...	...	...	83
By Coloured Water	...	...	...	...	...	...	64
Insufficient Water Supply	...	...	...	...	...	...	4
Factories Acts, 1937/48:—							
Factories with mechanical power	...	...	...	...	...	...	314
Factories without mechanical power	...	...	...	...	...	...	30
Outworkers' Premises	...	...	...	...	...	...	23
Workplaces	...	...	...	...	...	...	7
Shops Act, 1950	...	...	...	...	...	...	24
Fried Fish Shops	...	...	...	...	...	...	15
Fishmongers and Greengrocers	...	...	...	...	...	...	252
Butchers' Shops	...	...	...	...	...	...	243
Grocers' Shops	...	...	...	...	...	...	545
Bakehouses	...	...	...	...	...	...	139
Public Houses, Beer Houses, etc.	...	...	...	...	...	...	173
Food Preparing and Storing Places	...	...	...	...	...	...	1,547
Dairies	...	...	...	...	...	...	400
Ice Cream Premises	...	...	...	...	...	...	246
Pet Animals Act, 1951	...	...	...	...	...	...	29
Infectious Disease Visits	...	...	...	...	...	...	688
Prevention of Damage by Pests Act, 1949	...	...	...	...	...	...	2,153
Samples of Rag Flock, etc.	...	...	...	...	...	...	—
Clean Air Act—Samples of Gauge Deposits	...	...	...	...	...	...	15
Diseases of Animals Acts and Orders	...	...	...	...	...	...	—

Samples procured for Bacteriological Examination:—

Milk	...	...	...	...	...	...	...	...	...	...	255
Ice Cream	...	...	...	...	...	...	...	...	...	...	55
Other Foodstuffs	...	...	...	...	...	...	...	...	...	...	14
Water	...	...	...	...	...	...	...	...	...	...	...

Samples obtained under the Food & Drugs Acts, 1955:—

Milk	...	...	...	...	...	...	...	...	...	...	165
Other Foodstuffs	...	...	...	...	...	...	...	...	...	...	114
Samples of Town's Water (Chemical Analysis)	...	...	...	...	...	...	...	...	...	...	4
Samples of Town's Water (Bacteriological Examination)	...	...	...	...	...	...	...	...	...	...	5
Samples of Swimming Baths Water (Chemical Analysis)	...	...	...	...	...	...	...	...	...	...	18
Samples of Swimming Baths Water (Bacteriological examination)	...	...	...	...	...	...	...	...	...	...	18
Samples of Ditch Water	...	...	...	...	...	...	...	...	...	...	2
Samples of Mud	...	...	...	...	...	...	...	...	...	...	6
Inspection of Dwelling Houses and other premises for vermin infestation..	...	...	...	...	...	...	...	...	...	...	204
Visits to Works in progress	...	...	...	...	...	...	...	...	...	...	1,549
Visits re Housing Survey	...	...	...	...	...	...	...	...	...	...	723
Miscellaneous Visits (Interviews, etc.)	...	...	...	...	...	...	...	...	...	...	2,704
Total										...	16,814

Nuisances

When, on investigation, a nuisance is discovered, the Public Health Inspector has three courses of action open to him.

Firstly, verbal notice can be given to the person responsible, in the form of a request, which action, if not securing the abatement of the nuisance, is always followed up by a written notice.

A statutory notice, which has to be authorised by the Health Committee, is only served when the first two methods have proved unsuccessful, and failure to comply with this notice often results in recourse to a Magistrates Court.

The table indicates the action taken in 1962, to abate the 3,234 complaints of nuisances confirmed.

Nuisances	Abated by Verbal Notice	Abated by Preliminary Notice	Abated by Statutory Notice
3234	2139	686	199

It will be seen that it was not necessary to institute Magistrates Court procedure in any case during the year which is a pleasing feature of the work achieved.

Rag Flock and Other Filling Materials Act, 1951.

Registration of premises where the manufacture of upholstered articles of furniture carried on as a business, is required under this Act.

Also yearly licences to manufacture or store Rag Flock are necessary. In addition records of consignments of filling materials for use in the trade are required to be kept for inspection.

These measures are to assist in ensuring that only clean filling materials are used in the business, and to prevent undesirable practices which were alleged to have taken place formerly.

Ten premises registered under the Act now remain, and six of these were granted licences to store Rag Flock during the year.

CLEAN AIR

Very few complaints were received regarding the emission of smoke, and only thirty-two observations of industrial chimneys were made. In no case was it found necessary to institute legal proceedings.

The occupiers of offending premises were again reminded that the defence available to them under Section 2 of the Clean Air Act, 1956, would only last until 1963 and that, after this date, legal proceedings would be instituted, if necessary.

Although it is estimated that the amount of industrial smoke produced in the borough is only approximately 1/6th of that produced in 1956, the effect of this reduction is not apparent in the atmosphere. This is due to the fact that industrial smoke was never a major problem, and constituted only a very small proportion of the total atmospheric pollution.

The remainder of Southport's indigenous smoke comes from domestic chimneys, and is not an easy matter with which to deal. This problem will remain with us for as long as people cling to the open fire, burning raw bituminous coal.

Coal is a very valuable substance. Quite apart from the question of atmospheric pollution, it is extremely wasteful to burn it in this way. Nobody would dream of taking crude oil from the ground and burning it in its natural state; thereby causing serious atmospheric pollution and losing all the valuable by-products of distillation, and yet we still continue to do this with coal.

Unless the house is situated in a Smoke Control Area smoke (other than dark smoke in the legal meaning of the term), from a domestic chimney is not an offence. Dark smoke from a domestic chimney is a very rare occurrence.

No further Smoke Control Areas were declared during the year, but this question has given careful consideration by the Local Authority. In the meantime it is hoped that many householders will experiment with smokeless fuels and will become convinced of their undoubted advantages. In particular, any householder who is contemplating installing a new solid-fuel-burning appliance of any kind is strongly advised to make certain that it will burn all the solid smokeless fuels, including gas coke. Advice on this matter can be obtained at the Health Department.

During the winter months, complaints were received from people who were unable to obtain supplies of their favourite solid smokeless fuel. When it was suggested that, in the meantime, they should try gas coke as an alternative, it became apparent that there is still a great deal of prejudice against this excellent fuel.

People who still believe that gas coke produces harmful fumes in excess of those produced by other fuels, are asked carefully to consider the following two simple facts:—

1. When coke is manufactured from coal, a variety of substances (including sulphur) are removed. Nothing is added. It follows, therefore, that there is nothing in coke which is not also in coal.
2. Fumes produced by any fuel in any type of burning appliance should be carried away by the chimney flue and not enter the room. If fumes from a coke fire enter a room, then equally harmful fumes from a coal fire in the same grate will also enter the room.

The Atmospheric Deposit Gauge maintained by the Department indicated that, on an average, 11.22 tons of solid pollution fell on each square mile of the Town Centre during each month of the year. This gauge does not record gaseous pollution.

During the year a number of talks on the subject of Clean Air, with particular reference to the domestic problem, were given by Public Health Inspectors to church guilds and other organisations in the town, and in this connection a special word of thanks is due to the North Western Gas Board for valuable assistance in providing, free of charge, films, a projector and the services of a projectionist on these occasions.

It was agreed that an amount should be included in the Annual Estimates for 1963/64 to provide for the establishment of two further smoke control areas in the Borough.

HOUSING

General—The number of inhabited houses increased to 26,473.

The following table shows the number of houses built during the period 1953 to 1962, plus additional accommodation made available as a result of adaptations and additions to existing properties:—

Year	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Number of Houses built	235	155	186	253	305	122	214	115	102	255

Fitness for habitation—In reports for previous years it has been stated that the fitness of houses in the Borough was generally fairly satisfactory.

This view appears to be confirmed by the result of the operations of the Rent Act which came into force on 6th July, 1957, as the following details show:—

Number of applications for certificates of disrepair: Year—1957, 119; 1958, 145; 1959, 33; 1960, 22; 1961, 7; 1962, 0.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 21. In the instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted.

Demolition and Closing Orders—The task of dealing with the houses in the Borough which appear to be unfit for human habitation, and which were the subject of a return to the Ministry of Housing and Local Government under Section 1 of the Housing Repairs and Rents Act, 1954, continued.

This work has been dealt with through the Housing Maintenance Committee which was specially formed for the purpose, and 23 houses were represented to the Committee during 1962.

During the year the formal procedure prescribed by the Housing Acts was commenced in respect of 31 houses.

The Local Authority are in favour of as many as possible of these houses being saved and it is hoped that the Improvement Grants and the new Standard Grants will encourage owners of old houses to bring them up to a reasonable standard and save them from Demolition or Closing Orders.

Improvements—The Improvement Grants mentioned above have continued to play a useful part in the task of raising the standard of older houses which were built without certain facilities which are nowadays considered by most people to be essential to reasonable living.

Amongst the more important of these facilities from the public health point of view is the provision of a bath and a supply of hot water.

Following the National Census of England and Wales taken in 1951, we learned that, in Southport, 6,242 households were entirely without a bath, and a further 4,262 households had to share a bath with another family. This meant that 38% (i.e. more than $\frac{1}{3}$) of the households in this pleasant town did not have their own bath.

Similar figures which will be provided by the Census of 1961 are still not yet available, and are awaited with keen interest. It is anticipated that they will show a useful improvement and, if this is so, the Improvement Grants must receive the major part of the credit. The Improvement Grant Scheme is administered by the Borough Architect and Town Planning Officer.

During the year under review, plans were approved for the installation of 159 bathrooms in houses which had previously been without, and Improvement Grants were given in 122 of these cases.

It is difficult to think of another improvement in living standards which would play such an important part in improving and safeguarding the health of the nation as would the provision of a bath and a hot water supply to every household. Surely such a provision should now be regarded as a necessity rather than a luxury.

Houses in Multiple Occupation—The Housing Act, 1961, and the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, gave powers to local authorities to improve conditions in houses of this type, as follows:—

1. To prevent overcrowding;
2. To secure adequate facilities for the number of persons living in such a house; and
3. To secure a proper standard of management.

Three houses of this type were reported to the Housing Maintenance Committee during the year, and the necessary statutory procedure was commenced in each case. It immediately became apparent that the task of implementing this legislation was fraught with grave difficulties. The prevention of over-crowding and the securing of proper standards of management are not particularly difficult matters, given reasonable time, but the provision of adequate facilities can be both difficult and very costly.

The owner of one house which contained 14 families, comprising 24 adults and 15 children, decided that compliance with the new legislation was out of the question and promptly served "notice to quit" on all the tenants. The distress and demonstration which followed resulted in publicity, not only in the local and national press, but even on the television screen.

It is obvious that this new and very necessary legislation must be used with caution and discretion if hardship is to be avoided.

Part V

INSPECTION AND SUPERVISION
OF FOOD

Food Standards
Distribution of Milk
Food Inspection
Public Abattoir
Food Hygiene
Shrimping Industry
Ice Cream
Diseases of Animals

FOOD STANDARDS

Two hundred and eighty-three samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 259 were genuine and 24 were adulterated or otherwise unsatisfactory; the latter were informal samples.

All the samples certified as not genuine were followed up, and appropriate action was taken.

List of samples found to be adulterated or otherwise giving rise to irregularities

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
4352 Informal ...	MELON IN SYRUP: Contained 590 parts per million tin. Recommended maximum limit 250 parts per million	See Sample Nos. 4370.
4363 Informal ...	MILK: Deficient of 3.3 per cent fat.	
4368 Informal ...	MILK: Deficient of 10.0 per cent fat.	Vendor notified.
4370 Informal ...	MELON IN SYRUP: Contained 505 parts per million tin. Recommended limit 250 parts per million	Vendor notified.
4373 Informal ...	SWEETS (BUTTER CREAMS): Butter fat content only 3.65 per cent. Code of practice requires not less than 4.0 per cent. butter fat unless the word 'Butter' in the description is qualified by the word 'Flavoured'.	Importers communicated with Stocks withdrawn from sale.
4392 Informal ...	MILK: Deficient of 5.0 per cent fat	Manufacturers communicated with
4400 Informal ...	MILK: Deficient of 6.6 per cent fat.	Advised vendor be notified.
4425 Informal ...	MILK: Deficient of 8.3 per cent fat.	Farmer notified.
4448 Informal ...	MILK: Deficient of 10.0 per cent fat.	Vendor notified.
4457 Informal ...	MILK: Deficient of 3.3 per cent fat.	Vendor notified.
4458 Informal ...	MILK (JERSEY): Fat content only 3.75 per cent	Vendor cautioned.
4473 Informal ...	MILK: Contained 1 part per 100,000 of visible dirt of the nature of atmospheric dust.	Complainant and vendor notified
4489 Informal ...	MILK: Deficient 11.6 per cent fat.	Further sample genuine.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
4490 Informal ...	MILK: Deficient 8.3 per cent fat.	Further sample genuine.
4498 Informal ...	MILK: Freezing Point indicates 0.4 per cent extraneous water.	Further sample genuine.
4550 Informal ...	PART SLICED LOAF OF BREAD: Contained 31 milligrams of dark coloured dough contain- ing 2 milligrams of fat dis- coloured with 0.05 milligrams of Iron.	Bakers communicated with.
4602 Informal ...	SAUSAGES, COOKED: Contained one third of a gramme of connective tissue mixed with fat.	Complainant informed.
4607 Informal ...	BUTTER: Contained one sizeable piece and four small pieces of used chewing gum, weighing 0.20 gm.	Complainant informed. Vendor and packer cautioned.
4620 Informal ...	MILK: Deficient 46.6 per cent fat. Freezing point indicated 51.6 per cent extraneous water.	Producer interviewed and further samples to be taken.
4621 Informal ...	MILK: Deficient 13.3 per cent fat. Freezing point indicates 22.0 per cent extraneous water.	Producer interviewed and further samples to be taken.
4584 Informal ...	MILK: Contained a small fly or midge of the family chironomidea.	Vendor cautioned.
4587 Informal ...	MILK: Deficient 18.3 per cent fat.	Vendor cautioned.
4589 Informal ...	JAM: Contained 5.1 parts per mil- lion lead and 75 parts per million copper.	Remainder of stock was sur- rendered and destroyed.
4601 Informal ...	CHOCOLATES (RASPBERRY WHIRLS): Three of the chocolates show- ed evidence of insect damage and one dead and one living immature larva of the genus Ephestia present.	Remainder of stock was surren- dered and destroyed.

Food and Drugs Acts—Records, 1956—1962

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated	Number of Prosecutions
				Number genuine			Number adulterated*				
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1956	1	341	342	1	318	319	0	23	23	6·72	—
1957	2	349	351	0	320	320	2	29	31	8·57	1
1958	1	300	301	1	273	274	0	27	27	8·97	2
1959	11	298	309	10	270	280	1	28	29	9·38	—
1960	0	299	299	0	273	273	0	26	26	8·69	—
1961	8	328	336	6	298	304	2	30	32	9·52	—
1962	2	277	279	2	253	255	0	24	24	8·60	—

*Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity.

In addition to the above, 4 private samples of milk were also submitted for analysis. These 4 samples were found to be genuine.

**Table showing particulars of the number of samples taken for
Bacteriological Examination—Year 1962**

Nature of Samples and Specimens	Number of Samples and Specimens procured for submission to a bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream	8	12	19	12	51
Milk	65	82	37	72	256
Other Foods	—	7	—	7	14
Town's Water	—	1	1	3	5
TOTALS	73	102	57	94	326
MISCELLANEOUS—					
Mud	—	4	2	—	6
Ditch Water	—	—	2	—	2
GRAND TOTALS	73	106	61	94	334

DISTRIBUTION OF MILK

There are 168 licenced distributors of milk in the Borough, but as dealers in milk are only required to be licenced by an appropriate Authority in one district only, the number of persons selling milk in Southport exceeds this number.

Holders of licences to sell designated milk now hold such a licence for five years, but regular inspections are made of the premises, and samples of milk for chemical, bacteriological and biological examination are frequently submitted for the prescribed tests.

CLASS OF MILK	Number Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised	62	Phosphatase Methylene Blue ...	62 62	— —	— —
Sterilised	49	Turbidity	49	—	—
Tuberculin Tested ... (Pasteurised)	131	Phosphatase Methylene Blue ...	131 127	— 4	— —
Tuberculin Tested ... (Raw)	14	Methylene Blue	14	—	—

The above table shows that the samples of milk complied with all the prescribed tests with the exception of four only.

The Methylene Blue test is an indication of the keeping quality of the milk which is greatly influenced by the manner in which it is handled during production at the farm and subsequently.

Where unsatisfactory samples were obtained, the premises were thoroughly examined and the equipment tested with a view to finding the source of the failure. In every case where such milk samples were obtained from producers outside the Borough, the information was submitted to the appropriate Authority.

Of the 166 samples of milk submitted for chemical analysis, 16 were reported as not complying with the prescribed standard laid down in the Sale of Milk Regulations, 1939. These results show that 10% of the milk sampled failed to comply with the standard, and indicates that vigilance is still required in respect of the production and sale of this very valuable food, to protect the consumers interests. In addition very great care is necessary to ensure that it is 'safe' to drink, in spite of the fact that all liquid milk in England now is from Tuberculin tested herds.

SALE OF MILK UNDER DESIGNATION

Classification of Licences issued	Number of Licences in force
Dealers' Licences authorising the use of the special designation "Tuberculin Tested"	32
Dealers' Licences authorising the use of the special designation "Pasteurised".	101
Dealers' Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)"	64
Dealers' Licences authorising the use of the special designation "Sterilised"	122
Dealers' (Pasteurisers') Licences authorising the use of the special designation "Pasteurised"	6
TOTAL	325

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1962 are set out below:—

Carcases Inspected and Condemned

PARTICULARS	PUBLIC ABATTOIR					
	Cattle (exclg. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number of animals killed and inspected... ..	5,021	106	60	12,259	11,064	—
RESULTS						
All diseases except tuberculosis and cysticerci:—						
Number of whole carcasses condemned	2	1	3	14	11	—
Number of carcasses of which some part or organ was condemned	2,213	28	1	193	2,272	—
Percentage of the number in- spected affected with disease other than tuberculosis and cysticerci	44·08	27·36	6·66	1·68	20·65	—
Tuberculosis only:—						
Number of whole carcasses condemned	—	—	—	—	—	—
Number of carcasses of which some part or organ was condemned	33	—	—	—	33	—
Percentage of the number in- spected affected with tuber- culosis	1·69	—	—	—	0·29	—

Summary of meat and other articles of food which were found to be diseased or unwholesome

									Cwts.	Qrs.	Lbs.
Beef	...	...	...	...	...	...	...	...	281	3	17
Veal	...	...	...	...	...	...	...	...	—	3	8
Mutton	...	...	...	...	...	...	...	...	11	2	—
Pork	...	...	...	...	...	...	...	...	100	1	23
Fish	...	...	...	...	...	...	...	...	23	1	12
Poultry, Game and Rabbits	...	...	...	...	...	...	...	...	6	2	5

Tinned Goods

Milk	...	...	...	...	...	...	...	...	3	—	26
Meat	...	...	...	...	...	...	...	...	11	2	10
Fish	...	...	...	...	...	...	...	...	11	2	8
Vegetables	...	...	...	...	...	...	...	...	12	—	19
Fruit	...	...	...	...	...	...	...	...	21	3	24
Miscellaneous	...	...	...	...	...	...	...	...	97	—	3
									582	—	15

TOTAL ... 29 tons. 2 cwts. — qr. 15 lbs.

Whenever possible, meat was sent for salvage and conversion into useful substances. The remaining diseased or unsound food was destroyed.

The whole of the food listed was voluntarily surrendered, and no legal action was necessary to safeguard public health.

PUBLIC ABATTOIR

Though built more than 80 years ago, the Abattoir continues to serve the needs of the Borough, and those of other districts on occasions.

A lot of money has been spent on improvements and upkeep, and as new legislation is passed affecting the requirements of this type of building, further expense is incurred.

During the year, a new piece of equipment in the form of a “jet cleaner” has been purchased and is in use. It enables, either a jet of steam, or hot water, or a mixture, to be forceably sprayed on to the walls and floors of the slaughtering halls and cooling rooms, thus more quickly and efficiently ridding them of dirt and grease.

The position, however, is rapidly approaching when the building will have outlived its usefulness, and the provision of a modern Abattoir will have to be considered.

The total animals slaughtered throughout the year remains substantially the same: 28,510 in 1962; 28,651 in 1961.

FOOD HYGIENE

Education of food handlers has been continued at both Elementary and Advanced levels, and the following table clearly indicates that the courses are both well supported and useful.

Trade	Number attended to Date			
	Elementary Course	Advanced Course	Bacteriology Course	TOTALS
(1) Bakers and Confectioners ...	143	6	—	149
(2) Butchers and Meat Producers ...	48	10	2	60
(3) Catering I	364	29	6	399
(4) Catering II	155	19	2	176
(5) Fish Fryers and Fishmongers ...	21	2	2	25
(6) Fruiterers and Greengrocers ...	5	—	—	5
(7) Food and Fruit Preserving ...	386	44	15	445
(8) Grocers	155	5	1	161
(9) Ice Cream and Dairymen ...	21	—	—	21
(10) Nurseries	87	3	—	90
(11) Others	65	8	5	78
TOTALS	1,450	126	33	1,609

Notes: Catering I — Board Houses, cafes and hotels.

Catering II — School Meals Service, canteens and hospitals.

Though the taking of examinations is voluntary, of the 1,060 students (Elementary Course) who did so, 747 were successful.

Further successes were obtained in the Certificate examination in Food Handling conducted by the Royal Institute of Public Health & Hygiene, when all 14 candidates were successful. Sixty candidates have taken this examination and of this number, 59 have been successful.

At the request of the Royal Institute of Public Health & Hygiene an intensive short course of lectures was organised and given by the staff of the Department to the managerial staff of United Bakeries Ltd., Preston. This clear indication of the esteem in which our educational system is held is most gratifying. The course was completely successful, 14 of the 15 candidates who presented themselves, passing the examination.

Equipment—Normal wear and tear of fixtures, fittings and equipment call for constant vigilance if food premises are to be maintained at a satisfactory standard. Frequent inspections ensure that the necessary renewals and repairs are carried out and also that the structure of premises is not allowed to fall short of requirements.

Caterers and food traders continue to be co-operative in these matters and in no case was legal action necessary.

Vermin Infestation—Rat and Mice infestation continues to be minimal. It is difficult to permanently eradicate these pests as re-infestation sometimes occurs. An increasing number of food traders take out contracts with firms specialising in the destruction of pests and their efforts, combined with those of the Department, ensure relative freedom from infestation.

Removal of Waste Food, etc.—As mentioned in my Annual Report for 1961, a daily collection of refuse and swill from catering establishments is highly desirable, especially during the summer months. Organisation of this work is very complex, but it is urgently necessary that this problem be dealt with as soon as possible.

Summaries of Inspections and Improvements Effected.

(A) Summary of Food Hygiene Inspections

INSPECTIONS										Number
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	...	...	1,651
Bakehouses	...	...	...	...	...	...	...	...	...	139
Butchers' Shops	...	...	...	...	...	...	...	...	...	244
Confectioners' and Grocers' Shops	...	...	...	...	...	...	...	...	...	545
Fried Fish Shops	...	...	...	...	...	...	...	...	...	45
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	...	...	...	252
Public Houses, etc.	...	...	...	...	...	...	...	...	...	173
Miscellaneous	...	...	...	...	...	...	...	...	...	898
TOTAL										3,947

(B) Summary of Improvements Effected

Major reconstructions of cafe kitchens and bakehouses	...	...	...	...	...	...	...	...	...	3
Minor structural improvements, cleansing and repairs	...	...	...	...	...	...	...	...	...	96
Improved food storage facilities	...	...	...	...	...	...	...	...	...	11
Equipment renewed, repaired and cleansed	...	...	...	...	...	...	...	...	...	53
Improved washing-up facilities and procedure	...	...	...	...	...	...	...	...	...	5
Improved sanitary accommodation for staff including personal washing facilities	...	...	...	...	...	...	...	...	...	13
Improved sanitary accommodation for patrons	...	...	...	...	...	...	...	...	...	17
Improved refuse storage facilities	...	...	...	...	...	...	...	...	...	28
Vermin eliminated	...	...	...	...	...	...	...	...	...	15
Miscellaneous...	...	...	...	...	...	...	...	...	...	9
TOTAL										250

THE SHRIMPING INDUSTRY

There has been no great change in this section of the Department's duties in relation to the supervision of food supplies, and the industry follows closely to its traditional methods.

The considerable improvements effected on the coming into force of the Food Hygiene Regulations have been maintained throughout the year.

The shrimpers carry on their business very much in family units or groups, which may have some bearing on their objection to the establishment of a central or communal 'peeling' factory.

No change has been made in the Government's attitude to the peeling of shrimps on domestic premises which are registered with the local authority.

Due to the variation in the time when this process is being carried on visits to such premises are not easy to arrange, but the people engaged in the work have benefited from the lectures and the films shown to them by members of the staff.

Twenty-five wholesale premises are now registered under the Food & Drugs Act, 1955 in addition to the houses at which shrimp peeling is permitted.

ICE CREAM

The number of premises used in connection with the manufacture, sale and storage of ice cream is set out below:—

PARTICULARS									Numbers
For the purpose of manufacture and sale	...	...	...	...	...	...	...	...	199
For the purpose of sale	...	...	...	...	...	...	...	...	206
For the purpose of storage	...	...	...	...	...	...	...	...	11
TOTAL									226

The bacteriological quality of ice cream on sale in the Borough is indicated by the results recorded below.

Year	Percentage of Samples found to be unsatisfactory								
1949	52.20
1950	26.95
1951	19.78
1952	22.90
1953	29.50
1954	9.17
1955	8.82
1956	19.04
1957	29.09
1958	10.00
1959	31.57
1960	26.98
1961	20.00
1962	21.60

In all instances where samples have failed the tests recommended to ensure a high standard, every effort has been made to help the producer to discover any fault in the method of manufacture. Where unsatisfactory samples have been obtained from manufacturers outside the Borough, the appropriate authority has been informed.

51 samples of ice cream were procured and submitted for bacteriological examination.

The Ministry of Health Provisional Grading of Ice Cream is divided into four grades as follows:—

GRADE I the ice cream, after incubation, does not decolourise Methylene Blue in 4 hours.

GRADE II the ice cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.

GRADE III the ice cream, after incubation, decolourises Methylene Blue in $\frac{1}{2}$ hour to 2 hours.

GRADE IV the ice cream, after incubation, decolourises Methylene Blue immediately.

Grades I and II are regarded as satisfactory; Grades III and IV as unsatisfactory.

The following table shows the gradings of the samples examined:—

YEAR	RESULTS OF SAMPLES TAKEN						GRAND TOTAL
	NUMBER SATISFACTORY			NUMBER UNSATISFACTORY			
	Grade I	Grade II	Total	Grade III	Grade IV	Total	
1950 ...	42	42	84	12	19	31	115
1951 ...	70	39	109	17	26	43	152
1952 ...	67	71	138	26	15	41	179
1953 ...	65	21	86	22	14	36	122
1954 ...	83	16	99	9	1	10	109
1955 ...	49	13	62	5	1	6	68
1956 ...	22	12	34	8	0	8	42
1957 ...	30	9	39	10	6	16	55
1958 ...	22	5	27	3	0	3	30
1959 ...	29	10	39	6	12	18	57
1960 ...	32	14	46	9	8	17	63
1961 ...	27	13	40	8	2	10	50
1962 ...	36	5	41	5	5	10	51
TOTALS	574	270	844	140	109	249	1,093

Part VI

ADDITIONAL INFORMATION

Health Education

Blindness

Cerebral Palsy

Epilepsy

List of Centres and Clinics

Medical Examinations

Private Day Nursery

Nursing Homes

Nurses Agencies

Persons requiring Care and Attention

Riding Establishments

Crematorium

Special Surveys

Civil Defence Ambulance Service

Work done on behalf of the Children's Committee

HEALTH EDUCATION

There can be little doubt as to the growing importance of this subject. The staff of the Health Department are aware of an increasing demand for such instruction. It seems probable that some of the dramatic work of this kind which has been done by the use of television has stimulated the demand. Unfortunately, preventive medicine as a subject for propaganda has less dramatic and emotional appeal than curative medicine as displayed in programmes such as "Emergency Ward 10". Nevertheless, many of the preventable killing diseases such as cholera, plague and diphtheria and the epidemics which were suffered in the past would serve as good material for such publicity. Nothing, however, is so useful in this field as the personal instruction and advice given by the interested family doctor, public health medical officer or nurse when speaking to the individual or to small groups. This is the way to persuade parents and others to resort to immunisation. As the fear and knowledge of what diphtheria is really like become more remote from the young mother of to-day who has never known the disease, so our efforts in Health Education will have to be redoubled.

During the year demonstrations have taken place in the Infant Welfare Centres and leaflets and posters have been used for publicity purposes.

Lectures have been arranged from time to time for a variety of organisations and on a number of subjects, and a sound projector was purchased during the year to assist this work.

The Report of the Royal College of Physicians on Smoking and Health was given to the Health Committee in April and they authorised the Medical Officer of Health to use, at his discretion, all existing channels of health education to publicise the dangers of smoking to health.

OTHER INFORMATION

Blindness, Cerebral Palsy and Epilepsy—I am indebted to Mr. J. Sinnott, the Senior Welfare Officer, for the following details:—

Blindness—There are 192 persons on the Blind Register and 52 others are classified as partially sighted. Many of these persons attend the Handicraft Classes and take part in other social activities at the Blind Social Centre, Gallie House, Hoghton Street, Southport.

Cerebral Palsy—There are no registered cases in the area.

Epilepsy—The following are the numbers of persons accommodated on account of epilepsy under arrangements made by the Welfare Committee:—

						Female	Male
Windsor House, Southport	...	...	...	...	...	—	2
David Lewis Colony, Alderley Edge	...	...	...	...	...	1	—
Maghull Homes, Maghull	...	...	...	...	...	3	3
Langho Colony, Manchester	...	...	...	...	...	1	1
Craig House, Southport	...	...	...	...	...	1	—
West Hill, Southport	...	...	...	...	...	1	—

Centres and Clinics—The following list shows the Centres and Clinics which were in operation during 1962:—

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES:—		
1. Methodist Church, Ainsdale	Mondays	2 to 4 p.m.
2. North Road, Crossens	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road ...	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park	Tuesdays	2 to 4 p.m.
do. do.	Wednesdays	2 to 4 p.m.
5. Hampton Road	Tuesdays	2 to 4 p.m.
do.	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road	Fridays	2 to 4 p.m.
7. Marshside Road (from 7th Nov. 1962) ...	Thursdays	2 to 4 p.m.
ANTE-NATAL CLINICS:—		
44 Hoghton Street	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:—		
44 Hoghton Street	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.
CHIROPODY CLINICS:—		
Cambridge Hall	Mondays	9.15 a.m. to 12.30 p.m. 2.15 to 4.30 p.m.
2 Church Street	Tuesdays	
	Wednesdays	9 a.m. to 12 noon 2 to 5 p.m.
	Thursdays	
	Wednesdays	

Medical Examinations—the following table shows the work done by the medical staff of the department during 1962 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examina-tions	Total
(a) CORPORATION DEPARTMENTS:—				
Borough Architect	3	—	1	4
Borough Engineer	7	20	12	39
Borough Treasurer	12	—	—	12
Children's... ..	—	—	—	—
Education	69	17	2	88
Estates and Baths	—	—	—	—
Fire Service	3	—	2	5
Flower Show	—	—	—	—
Health	13	27	1	41
Libraries	4	—	—	4
Lighting	—	—	1	1
Police	1	1	—	2
Publicity	2	5	1	8
Parks and Cemeteries	—	14	1	15
Town Clerk's	8	—	—	8
Transport... ..	3	64	2	69
Water Board	1	26	2	29
Weights and Measures	1	—	—	1
Welfare Services	4	28	—	32
(b) OTHER DEPARTMENTS:—				
Electricity... ..	6	1	—	7
District Nursing Association	3	—	—	3
TOTALS	140	203	25	368

Nurseries and Child Minders Regulations Act.

Private Nursery—One private nursery is registered by the Council under this Act and consists of the playroom, dining room, cot room and cloakroom of a private house for a maximum number of fifteen children.

Nursing Homes—At the end of the year there were 14 Nursing Homes registered with the Local Authority, with 7 maternity beds and 151 others.

Only Nursing Homes registered by the Local Authority under Section 187 of the Public Health Act, 1936, are permitted to admit patients requiring nursing and medical attention.

The number of inspections made to nursing homes during the year was 47.

Nurses' Agencies—Any person who wishes to carry on an Agency for the supply of nurses must be licensed in accordance with the requirements of the Nurses Act of 1944 and the Nurses Agencies Regulations of 1945. No additional agencies were licensed during 1962, and reports showed that the one existing establishment was being conducted in a satisfactory manner.

Persons in need of Care and Attention—No cases were dealt with during 1962 under the powers contained in Section 47 of the National Assistance Act, 1948.

CIVIL DEFENCE, AMBULANCE AND FIRST AID SECTION ANNUAL REPORT

(i) Recruitment Position for the year 1962

Month	Men	Women	Total	New		Resigned	
				Men	Women	Men	Women
January	27	84	111	—	—	—	—
February... ..	27	84	111	—	—	—	—
March	28	87	115	1	3	—	—
April	28	87	115	—	—	—	—
May	28	87	115	—	—	—	—
June... ..	28	87	115	—	—	—	—
July	28	87	115	—	—	—	—
August	28	87	115	—	—	—	—
September	25	89	114	—	2	3	—
October	26	92	118	1	3	—	—
November	26	92	118	—	—	—	—
December	26	92	118	—	—	—	—

(ii) Training as at 31st December, 1962

Ambulance	—Passed Standard Test	Nil
	„ Advanced Test	Nil
First Aid	—Passed Standard Test	Nil
	„ Advanced Test	Nil
Undergoing training for the Standard Training Test	... ..	14
Undergoing training in Standard Training Test	... ..	25
Enrolled persons who have not attended for training	... ..	79
TOTAL		118

Riding Establishment Act, 1939—The purpose of this Act is to prevent the treatment of horses used in riding establishments and Mr. H. R. Hewetson is the registered Veterinary Surgeon appointed by the Health Authority to carry out the necessary inspections.

During the twelve months period to the 30th September, 1962, Mr. Hewetson made thirty-two visits to eight riding establishments and carried out two hundred and fifty-three inspections.

Mr. Hewetson's report stated that the general standard of care, stabling and use of the animals continued to be satisfactory.

Crematorium—The Southport Crematorium was opened in September 1959 and the Medical Officer of Health was appointed Medical Referee whilst the Deputy Medical Officer of Health was given the position of Deputy Medical Referee.

During 1960 Dr. A. I. Davison, Assistant Medical Officer of Health, was appointed an additional Deputy Medical Referee.

The number of certificates required in 1962 was 825.

Work done on behalf of Children's Committee—During the year, 126 examinations were carried out on behalf of the Children's Committee, the details being as follows:

Examination of children who are boarded-out in foster homes	...	...	...	...	114
Examination of children admitted to Institutions	...	...	...	...	6
Admissions to Links Avenue Children's Home	...	...	...	...	6
Discharges from Links Avenue Children's Home	...	...	...	...	—
Routine Medical Inspection of Children in Care	...	...	...	...	—

Dr. Davison, the lady Assistant Medical Officer, continued to be responsible for the medical care of the children in the Home administered by the Children's Committee.

COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1962

Telephone No.
Southport 5523.

Health Department,
2 Church Street, Southport.

EDUCATION COMMITTEE ON THE

31st December, 1962

The Mayor, Councillor Dr. S. J. HEPWORTH, J.P.

Councillor Mrs. M. GOLDBERG (*Chairman*)

Councillor Dr. W. H. SCOTT (*Vice-Chairman*)

Alderman T. Ball, J.P.

Alderman W. BERWICK

Alderman R. JOHNSON

Alderman W. Paulden

Councillor E. O. BRADLEY

Councillor F. BROOKE

Councillor J. CAMPION

Councillor H. GLAISHER

Councillor R. HODKINSON

Councillor A. J. HUGHES

Councillor R. J. HUGHES

Councillor Mrs. F. M. TURNER

Mr. G. F. DIXON

The Rev. E. FORMBY

The Rev. O. TUDOR HUGHES

Mr. A. LOVERIDGE

The Rev. Canon F. H. PICKERING

Mr. D. G. PRITCHARD

Representatives on Joint Health and Education Sub-Committee

The Mayor, Councillor Dr. S. J. HEPWORTH, J.P.

Councillor Mrs. M. GOLDBERG

Councillor Dr. W. H. SCOTT

Alderman W. BERWICK

Councillor F. BROOKE

SCHOOL HEALTH SERVICE STAFF, 1962

Medical Staff (Full-Time)—

Principal School Medical Officer

G. N. M. WISHART, M.R.C.S.,
L.R.C.P., D.P.H.

Deputy Principal School Medical
Officer

D. J. ROBERTS, M.A., M.B., B.CHIR.,
M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer

ANNA I. DAVISON, M.B., CH.B.

School Medical Officer

SUSAN KAY, M.B., B.S., M.R.C.S.,
L.R.C.P.

Visiting Medical Staff—

Eye Clinic

D. RANKINE, M.B., CH.B.

Ear, Nose and Throat Clinic

R. V. TRACY-FORSTER, F.R.C.S.,
M.B., CH.B., D.L.O.

Skin Clinic

A. ROBY JONES, M.D.

Child Guidance Clinic

K. M. FRASER, M.B., CH.B., D.C.H.,
D.P.M.

Dental Staff—

Principal Dental Officer

W. MARTLAND, L.D.S., R.C.S. (Eng.)

Dental Officer

W. L. ROTHWELL, L.D.S. (Liv.)

Dental Officer

P. L. HEATHCOTE, L.D.S. (Liv.)

Consultant Orthodontist
(part-time)

H. POGREL, L.D.S. (Liv.), L.D.S.,
R.C.S. (Eng.), D.ORTHO.R.C.S.
(Eng.)

3 Attendants

Nursing Staff—

Superintendent Health Visitor/
School Nurse

Miss E. DOWD, S.R.N., S.C.M.,
H.V. Cert.

Senior Health Visitor/School Nurse
12 School Nurses

Miss A. MULLAN, S.R.N., S.C.M.,
H.V., Cert.

2 Clinic Nurses

Medical Auxiliaries—

Physiotherapist

Mrs. V. A. McLEOD, M.C.S.P.

Occupational Therapist

Mrs. J. C. HAWKYARD, M.A.O.T.

Speech Therapist

Vacant

Chiropodist (Part-time)

W. H. ROGANS, M.CH.S.

Child Guidance Service—

Educational Psychologist

A. E. N. Fawcett, B.SC.

Psychiatric Social Worker

Miss E. MURPHY, B.SOC., SC.,
A.A.P.S.W.

Clerical Staff—

1 Senior Clerk.

3 Clerks.

1 Shorthand Typist/Clerk.

Principal School Medical Officer's Annual Report

FOR 1962

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report for the year 1962.

During the year, this service has done much valuable work amongst our school children. The object of the service is to ensure that every child's health is supervised by medical and nursing staff, so that disease is prevented and illness or disability treated as quickly as possible. In these ways children are helped to make the best possible use of their school time. It must be obvious to us all that a child with defective eyesight or hearing cannot make adequate progress without such help but it is not generally realised how comprehensive are the facilities available to the service. In the body of the report will be found details of the ways in which such help has been given.

The incidence of Rubella (German Measles) was particularly heavy in 1962, a total of 743 cases being notified as against 57 in 1961. This resulted in a considerable loss of school time for the affected children: fortunately the majority of the cases were mild infections.

Considerable advances have been made in medical knowledge during the past decade so that it is now possible to pick out children because of some factor in their birth or early medical history, who are more likely than their fellows to develop handicaps of certain kinds, e.g. spastic paralysis and educational subnormality. It is essential that the medical staff should recognise such children as soon as possible so that appropriate medical treatment and education can be arranged for them. So Health Departments are now beginning to keep special 'at risk' registers and this information should be of particular value to the School Health Service. Such children require more frequent examination by the medical staff than children who have not been exposed to this kind of hazard and the work so created should not, in my view, be allowed to interfere with the three basic 'medical inspections' which all children attending the schools maintained by the Council have, at present. The examination of a normal child gives a very good opportunity for health education, a subject which seems to me to be increasing in importance because of our greater expectation of life and the complexity of modern society.

We are fortunate in this day and age in Britain that so few of our school children suffer from lack of essential foods; it is now rare to see an undernourished child but it is not so rare to see an overfed child: indeed it is not uncommon to have to advise parents to supervise their children's diet closely, and on sensible scientific lines so that weight can be lost. Advances in medical knowledge have clearly demonstrated that obesity may be a hazard to health in a similar way to undernourishment. It is most important that parents should understand this and that children are taught the essentials of the dietary requirements for good health.

I wish to pay tribute to the way in which the staffs have carried out their duties and to thank the members of the Committee and my colleagues in the town for their help and support throughout the year.

I am,

Yours faithfully,

G. N. M. WISHART,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

The School Health Service is essentially an advisory and preventive medical service. The fact that there is less physical illness amongst school children nowadays than was the case in the earlier years of the century, and the fact that every child now has the right to attention from a family doctor, has led the medical profession as a whole, and school medical officers in particular, to look more critically at the medical work which is done in the schools.

A good deal of the work done by the school doctors is of a specialist nature requiring considerable knowledge of the educational facilities in the area and of the mental development and intellectual ability which can be expected of children at particular ages. In the main, the service is not intended to provide treatment except priority treatment for defects of hearing and eyesight, which are of such great importance to the education of the child. Treatment is primarily a matter for the family doctor. It is, however, the duty of the school doctors to detect physical and mental abnormalities and to see that any necessary treatment is provided. This can only be achieved by good liaison with the family doctors and arrangements are in force in Southport which ensure that the family doctor agrees with his school medical colleague before a child is referred for consultant opinion, and that he is kept fully informed of the results of any investigation or hospital treatment.

In some areas the school doctors no longer carry out at least three routine medical inspections during the child's school life and instead, various methods are used to pick out for more frequent examination those children who are thought to require medical attention, either because they are not thriving, not managing to keep up with the others in class or are evincing behavioural and emotional difficulties.

In a recent review of the arrangements in Southport it was thought that it was well worth while seeing every child at least three times during school life: apart from the likelihood of finding some defect which would benefit from treatment, the opportunity for useful health education at each examination can be very valuable.

The scope of the work of the school medical staff has widened in recent years since the emphasis on mental health and health education has increased, and school doctors are faced with the problem of how best to make use of limited time.

The number of children on the register of the Education Authority is listed below. The figures for the previous year are given for comparison.

	1961		1962
	<hr/>		<hr/>
Primary Schools	5,529	—	5,606
Secondary Modern, Technical and Grammar Schools ...	4,240	—	4,207
	<hr/>		<hr/>
	9,769	—	9,813
	<hr/>		<hr/>

ROUTINE MEDICAL INSPECTIONS

As usual, parents were notified of the time and place of medical inspections and invited to attend.

Child welfare centre premises and church halls were used when conditions in school were unsuitable.

The method used in previous years was continued, ensuring that children are examined by a school medical officer at least three times during their school lives, viz:—

(a) Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.

(b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.

(c) Every pupil attending a maintained secondary school is inspected during the last full year of his attendance at that school.

All schools were visited during the year and 3,300 children in the three groups mentioned above were inspected.

The number of children in each age group is given below.

PRIMARY SCHOOLS—										1962
Entrants	...	...	...	...	...	...	...	...	...	640
Leavers	...	...	...	...	...	...	...	...	...	725
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—										
Leavers	...	...	...	...	...	...	...	...	...	964
ADDITIONAL MEDICAL INSPECTIONS (All Schools)										971
TOTAL NO. OF CHILDREN INSPECTED										3300

The Nursery School at Crossens was visited each term, and toddlers admitted to nursery classes in ordinary schools were examined on admission and again at five years when they were about to enter the infant school.

The percentage of parents attending with their children at examinations is given below with the figures of last year for comparison:—

PRIMARY SCHOOLS—								1961	1962
								%	%
Entrants	...	...	...	...	...	...	...	63·42	78·44
Leavers	...	...	...	...	...	...	...	57·20	51·44
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—									
Leavers	...	...	...	...	...	...	...	8·70	6·83
ADDITIONAL MEDICAL INSPECTIONS (All Schools)								55·32	52·87

Defects found at Routine Medical Inspections.

Below are the numbers of defects in each age group found to require treatment.

	Entrants	Primary Leavers	Secondary Modern Technical and Grammar School Leavers	Additional Inspections (all schools)	TOTALS
Number of children examined ...	640	725	964	971	3300
Number of children requiring treatment	116	409	500	429	1454
Percentage requiring treatment ...	18·12	56·41	51·87	44·18	44·06

A detailed list of all defects is to be found in the tables at the end of this report.

Before the school medical examination every child is inspected annually by the school nurse. If the child has reached the age of 7 his vision is tested also. Any pupil found to have a defect is later seen by a school medical officer, in addition to the children already listed for medical inspection. This year the number of children examined by the school nurses was 9,339, and of these 754 were referred for further examination, together with 327 from last year's medical inspection. 1,128 follow-up visits were made by the school nurses.

Nurses' Treatment Clinic—This clinic is open every day and arrangements for treatment ensure that every effort is made to try to reduce waiting time and time lost from school.

During the year, 4,779 attendances were made by children.

Minor Ailments Clinic—This is a weekly clinic at which children and parents are seen by the school medical officers. Parents are advised about their children and if further investigation or treatment is required, they are referred to hospital with the knowledge and consent of the child's general medical practitioner. The number of children seen at this clinic during the year was 756 and these children made 1,883 attendances. 48 cases were referred to the Southport Infirmary for further investigation, 3 to the Royal Liverpool Children's Hospital, 2 to Alder Hey Children's Hospital, 1 to the Northern Hospital, and 1 to the Stanley Hospital.

88 children were referred to the Casualty Department at the Southport Infirmary by the school medical officers and the clinic nurses.

Eye Clinic—Mr. D. Rankine, the Consultant Ophthalmic Surgeon, continued to attend on Tuesday morning and afternoon, and during the year he held 71 clinics. 291 new cases were examined and 604 were seen for supervision and revision of spectacles. 18 cases were referred for further treatment at the Southport Infirmary.

Ear, Nose and Throat Clinic—In 1962, 405 new cases were examined and 72 attended for observation of progress from previous years. 226 cases were admitted to the Promenade Hospital for the removal of tonsils and/or adenoids, 2 for Mastoidectomy and 86 for other forms of treatment.

Children who may have any loss of hearing are referred to the Liverpool School for the Partially Deaf, Birkdale, or to the University Department for the Deaf in Manchester, for special examination. The school nurses continued to test the hearing, by audiometry, of all new entrants to Infant Classes. Those children who failed this test were requested to attend for further investigation at the Health Department.

Skin Clinic—During the year 119 children made 314 attendances. A wide variety of skin diseases, usually in the early stages, were treated at the clinic.

Chiropody—This clinic provided an efficient service for the treatment of verrucae, corns and similar afflictions.

147 children made 602 attendances during the year. Of these 124 (84.3%) were discharged cured and 14 (9.5%) were still being treated at the end of the year. Each child made approximately four visits before being discharged. Verrucae formed the greater part of the defects treated (91.2%)

Artificial Sunlight Clinic—Children were referred from the chest clinic and the paediatric clinic of the Southport Infirmary, the school minor ailments clinic and from routine medical inspections. General medical practitioners also referred children to the department for artificial sunlight.

88 school children were treated; these children made a total of 1,662 attendances.

Remedial Exercises Clinic—Children were referred to this clinic by the orthopaedic surgeon at the Promenade Hospital and by the school medical officers. 161 children made 4,909 attendances during the year.

Orthopaedic Clinic—The physiotherapist continues to deal with the treatment of minor orthopaedic defects. Cases were also referred to the Promenade Hospital for opinion and advice and the physiotherapist attended this clinic and saw the cases with the orthopaedic surgeon. There is, in this way, good co-operation between the two departments and a satisfactory exchange of information.

Speech Therapy—Treatment for defective speech was given at the North West School of Speech and Drama, and 123 sessions were held during the year.

No. of children placed on waiting list for treatment in 1962	...	...	...	18
No. of new cases admitted to regular classes in 1962	...	...	...	200
No. of children discharged as cured	...	...	...	200

Fifty-eight children attended these classes; the reasons for the defects in speech were:

(a) Slow and abnormal speech development	...	...	...	...	35
(b) Stammering	...	...	...	...	10
(c) Lisp	...	...	...	...	...
(d) Cleft palate	...	...	...	...	...

During the year 1,101 attendances were made by children requiring treatment. This service is greatly appreciated by the parents as a speech defect is an obvious one and a great handicap in later life.

Child Guidance—I am indebted to Dr. K. M. Fraser and Mr. Fawcett for the following comments on the Child Guidance Clinic. The statistical report on the service follows later.

DR. FRASER'S REPORT

1962 has been a year of continued progress in the Child Guidance Service with continued extension of helpful contacts from the other Departments.

The extension of community care for the family as a whole has been reflected in the type of problems seen and treated and the year's work with a fully staffed Service has resulted in more treatment being carried out.

The spirit of friendly co-operation makes visits here most rewarding.

MR. FAWCETT'S REPORT

1962 was a year of satisfactory progress in the development of the Schools Psychological Service.

The programme of ascertaining educational backwardness amongst children in the Borough was continued and the facilities of the service were also extended to a number of Lancashire County schools on the outskirts of the town.

During the year greater emphasis was placed on treatment in the form of remedial teaching and therapy at the Child Guidance Clinic. There are at present 23 children attending the clinic for remedial teaching and therapy. 15 of these receive remedial teaching in the basic subjects. Only those cases of poor attainments with related emotional difficulties are accommodated. Such cases are considered as cases for treatment as distinct from the retarded or constitutionally backward children with no apparent emotional difficulties who are usually placed in an 'opportunity' class.

The successful functioning and development of the service throughout the year has been made possible by the helpful co-operation of school staffs and the other departments.

HANDICAPPED PUPILS

Physically Handicapped Children—Very good liaison continues between this department and Hawkshead Street Hospital Special School. Eight children were attending as day pupils at the end of the year. Some of these children are crippled by congenital defects, e.g., spasticity, and if facilities were not available at the Hospital Special School, they would require residential care in special schools away from their homes. Most of the children are taken to and from the school by taxi. The school is a very happy one, and the staff do all in their power to make it so.

There are a few physically handicapped children for whom this type of education is not suitable. All these children have been placed in appropriate residential schools.

One child has had lessons at home. This provision is much appreciated by parents.

Blind and Partially Sighted Children—One blind child and one partially sighted child were accommodated in residential special schools.

Deaf and Partially Deaf Children—Three deaf children and one partially deaf child remain in residential schools. Three children attend a special school for the partially deaf as day pupils, and two deaf children were also day pupils at a Special School.

Educationally Sub-Normal Children—This group still presents difficulties as the Education Authority has no day special school, and there are some children for whom adequate arrangements cannot be made at present. The Authority has asked that the project for the building of a day special school should be given an early place in a building programme.

The 'Opportunity' classes continued to do very good work, but these are not intended for severely sub-normal children, but for children who, after a period of special teaching, are able to return to their own age-groups and classes.

Nine children are in residential schools for educationally sub-normal children. Places in such schools are difficult to find and this combined with the high cost makes some local provision desirable.

Maladjusted Children—There are three children in residential special schools for maladjusted pupils.

As Southport now has its own Child Guidance Service it is hoped, by early treatment, to prevent severe maladjustment in children who would otherwise require admission to special residential schools.

Children unsuitable for Education in Schools—No. of children notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959—2.

TUBERCULOSIS

There is good liaison between the School Health Service and the Hospital Service, so that there is an adequate exchange of information regarding contacts of this disease.

Notifications—During 1962, one schoolchild was found to be suffering from pulmonary tuberculosis. Careful investigation revealed no source for this infection in her home or in school.

B.C.G. Vaccination—This was the eighth year that B.C.G. vaccination against tuberculosis has been offered to thirteen year old school children in all schools, maintained and independent, in the area.

When children are eligible for B.C.G. vaccination, an explanatory note with a consent form is sent to parents.

The percentage of parents who failed to reply to this letter again fell; the percentages for this year being 7.6% as against 11.9% the previous year. This improvement was due to these parents being visited by members of the health visiting staff, so that no effort was spared to bring to the notice of parents the importance of vaccination against tuberculosis.

The acceptance rate in 1962 was 81.1%.

Year	% Acceptance Rate	No. of children tested	Positive Skin Test %	Negative Skin Test %	No. Vaccinated
1955	73.7	695	35.5	61.9	427
1956	58.8	602	31.2	65.5	391
1957	71.5	756	30.0	66.3	500
1958	65.5	631	18.2	78.8	497
1959	71.4	848	11.9	82.9	698
1960	59.1	1301	16.7	79.9	1,037
1961	77.7	938	11.9	84.7	787
1962	81.1	1,110	17.4	79.8	872

A more detailed list is given in the statistical tables at the end of the report.

Tuberculin Skin Testing of School Entrants—This is the 7th year that new entrants to school have been offered skin tests to find if they have at any time been exposed to tuberculous infection.

The percentages of positive skin tests, in 5 year old children whose parents wished the test to be carried out, (excluding those due to previous B.C.G. vaccination) are shown below.

Year	No. tested	No. positive	% positive
1956	626	15	2.4
1957	719	17	2.3
1958	514	7	1.4
1959	570	5	0.9
1960	561	11	1.9
1961	640	9	1.4
1962	717	8	1.1

The children with positive tests, their parents and the remainder of the family, were offered a chest X-ray. This year, no new cases of active pulmonary tuberculosis were revealed by the X-rays taken.

INFECTIOUS DISEASES

There were again no cases of diphtheria. Notifications were as follows, with figures for 1961 for comparison:—

	1961	1962
Measles	253	74
Rubella	57	743
Scarlet Fever	13	11
Chicken Pox	156	175
Diphtheria	—	—
Whooping Cough	10	2
Tuberculosis	1	1

Miscellaneous School Medical Work

	1962
Examination prior to entry to a Teachers' Training College	65
Examination for fitness to take part in public entertainment	2
Examination for fitness for part-time employment	90

Home Visits by School Nurses

Follow-up of routine medical inspections	71
On account of illness	75
No infectious cases	2
No infectious contacts	4
About immunisation of children	158
Miscellaneous Visits	662

Health Education in School

Regular mothercraft classes were held at all the secondary modern schools at which girls attend, viz., Meols Cop, Our Lady of Lourdes, Stanley and Birkdale.

The syllabus is comprehensive and includes hygiene, diet and nutrition of children, clothing and footwear, simple first-aid and home nursing, as well as practical classes in pot-making, baby bathing, dressing and feeding. The classes are very popular with the girls, and it is hoped that some of the knowledge gained will be useful to them in later life.

SCHOOL MEALS

During the year, 1,110,401 meals were given to Southport school children. About 64% of these meals were supplied free. On an average 64% of the school children have dinner in school. This is understood to be one of the highest percentages in the country.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT, 1962

I am indebted to Mr. Martland for the following comments:—

The authorised professional establishment of one principal school dental officer and two school dental officers has been maintained throughout the year. It is also good record that absence from duty of the dental officers through sickness amounted to only 10 half-day sessions.

The children in all schools, the Day Nurseries, the Hospital Special School and the Training and Industrial Centre have been inspected and treated during the year, and in addition one school has been re-inspected.

During the year, Mr. Pogrel, the consultant orthodontist, together with the department's dental officers, has completed the treatment of 41 cases of irregularity of the teeth by appliances and 63 new cases have been accepted.

In my report of last year, reference was made to the fluoridation of the national drinking water as a means of reducing the present high and steadily increasing incidence of dental caries. By the presentation of the Ministry of Health Circular 28/62, 14th December, 1962, the Government has given its blessing to the processes involved in its introduction. When established locally, provided the Local Authority and Water Board agree, it will be some five or more years before a decline in the caries incidence is apparent and in the meantime it will be the duty of the dental officer to take every opportunity to instruct his patients in dental health.

In November of this year, a dental officer, with the help and support of Mr. Loveridge, headmaster of Farnborough Junior School, gave a short lecture on the care of the teeth followed by a film "Guilty or not Guilty". The dental officer joined the pupils during the 1st and 2nd lunch sittings, after which each pupil was able to follow the technique of correct mouth rinsing, now known as 'bubble and swallow'. By this means much of the harmful effects of the sticky sweet pudding is removed from the crevices and interproximal surfaces of the teeth. At the time of writing this report it is understood that the after dinner mouth rinsing is still practised at the school.

The department is greatly indebted to Miss Elce, who is now giving her 7th year voluntary service through the kindly co-operation of the W.V.S.

CLINICS

DAY		2 CHURCH STREET	46 HOGHTON STREET
Monday	a.m.	*Ear, Nose and Throat Clinic Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic
	p.m.	Doctors' Minor Ailment Clinic Nurses' Dressings Clinic Dental Clinic	
Tuesday	a.m.	*Eye Clinic Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic
	p.m.	*Eye Clinic Nurses' Dressings Clinic Dental Clinic	
Wednesday	a.m.	Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic
	p.m.	*Orthopaedic (monthly) *Chiropody Nurses' Dressings Clinic *Orthodontic Clinic (fortnightly) Dental Clinic	
Thursday	a.m.	Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic *Remedial Exercises Clinic
	p.m.	*Skin Clinic (fortnightly) Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic *Remedial Exercises Clinic
Friday	a.m.	Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic
	p.m.	Immunisation Clinic Nurses' Dressings Clinic	*Remedial Exercises Clinic (fortnightly)
Saturday	a.m.	*Orthodontic Clinic (fortnightly)	

* By Appointment Only.

The Ainsdale Health Visitor/School Nurse continues to use a temporary building at Woodvale as a centre and arranges with the local schools to see children there instead of sending them on the long journey into town.

Remedial Exercise Clinics are arranged by the Physiotherapist at Hampton Road Welfare Centre.

STATISTICS

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By years of birth) (1)	No. of pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1958 and later	206	206	100	—	—
1957	404	402	99·50	2	0·50
1956	505	504	98·80	1	0·20
1955	118	118	100·00	—	100·00
1954	54	54	100·00	—	—
1953	48	48	100·00	—	—
1952	89	89	100·00	—	—
1951	543	542	99·81	1	0·19
1950	234	232	99·14	2	0·86
1949	46	46	100·00	—	—
1948	711	709	99·72	2	0·28
1947 and earlier	342	340	99·41	2	0·59
TOTAL	3300	3290	99·70	10	0·30

TABLE B
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin)

Age groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1958 and later	1	31	31
1957	—	81	81
1956	—	120	120
1955	2	24	26
1954	1	12	12
1953	2	8	9
1952	5	22	27
1951	32	106	127
1950	13	37	46
1949	6	12	18
1948	51	99	140
1947 and earlier	33	45	76
TOTAL	146	597	713

TABLE C
OTHER INSPECTIONS

Number of Special Inspections	1232
Number of re-inspections	1353
TOTAL	2585

TABLE D

INFESTATION WITH VERMIN

a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	9301
b)	Total number of individual pupils found to be infested.....	64
c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).....	—
d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).....	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR TABLE A—PERIODIC INSPECTIONS

Defect or Disease	Entrants	Leavers	Others	TOTAL
Skin T O	5 —	41 —	59 2	105 2
Eyes—a. Vision T O	— —	67 1	79 4	146 5
Eyes—b Squint T O	7 6	— 1	15 2	22 9
Eyes—c Other T O	3 —	7 —	17 —	27 —
Ears—a Hearing T O	26 —	3 —	13 2	42 2
Ears—b Otitis Media T O	17 1	5 —	16 1	38 2
Ears—c Other T O	— —	— —	2 2	2 2
Nose and Throat T O	37 30	11 6	41 45	89 81
Speech T O	5 10	1 —	2 13	8 23
Lymphatic Glands T O	9 10	3 1	7 11	19 22
Heart T O	5 6	5 2	16 13	26 21
Lungs T O	16 1	8 —	24 5	48 6
Developmental—a Hernia T O	1 3	1 —	5 —	7 3
Developmental—b Other T O	2 24	23 1	23 33	48 58
Orthopaedic—a Posture T O	13 3	6 3	9 12	28 18
Orthopaedic—b Feet T O	5 18	5 12	24 34	34 64
Orthopaedic—c Other T O	16 10	15 1	46 18	77 29
Nervous System—a Epilepsy T O	1 —	— —	— —	1 —
Nervous System—b Other T O	— —	1 —	4 —	5 —
Psychological—a Development T O	16 1	1 —	19 —	36 1
Psychological—b Stability T O	1 —	2 —	1 1	4 1
Abdomen T O	3 7	3 —	18 2	24 9
Other T O	4 —	11 3	13 6	28 9

TABLE B
SPECIAL INSPECTIONS

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	156	13
5	Eyes— a. Vision b. Squint c. Other	9 6 40	3 2 4
6	Ears— a. Hearing b. Otitis Media c. Other	22 24 38	10 4 3
7	Nose and Throat	77	24
8	Speech	17	15
9	Lymphatic Glands	4	6
10	Heart	6	9
11	Lungs	29	9
12	Developmental— a. Hernia b. Other	1 13	— 7
13	Orthopaedic— a. Posture b. Feet c. Other	28 25 153	13 13 19
14	Nervous System— a. Epilepsy b. Other	— 1	2 2
15	Psychological— a. Development b. Stability	44 10	9 4
16	Abdomen	23	8
17	Other... ..	161	65
	TOTAL	887	242

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	127
Errors of refraction (including squint)	824
Total	951
Number of pupils for whom spectacles were prescribed	239

TABLE B

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis	226
(c) for other nose and throat conditions	86
Received other forms of treatment	318
Total	632
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	4
(b) in previous years	7

TABLE C

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments—	
Specialist clinics	24
By Local Authority Medical Staff	251
(b) Pupils treated at school for postural defects	—
Total	275

TABLE D
DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

										Number of cases known to have been treated
Ringworm—(a) Scalp	...	...	...	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	...	...	...	2
Impetigo	...	...	...	...	...	...	...	...	...	13
Other skin diseases	...	...	...	...	...	...	...	...	...	426
Total										442

TABLE E
CHILD GUIDANCE TREATMENT

										Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	...	...	...	...	...	...	...	...	...	76, in addition 8 Private Schools 13 Lancs. County

TABLE F
SPEECH THERAPY

										Number of cases known to have been treated
Pupils treated by speech therapists	...	...	...	...	...	...	...	...	...	58

TABLE G
OTHER TREATMENT GIVEN

										Number of cases known to have been dealt with
(a) Pupils with minor ailments	...	...	...	...	...	...	...	...	...	756
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	...	...	872
(d) Artificial Sunlight	...	...	...	...	...	...	...	...	...	88
(e) Remedial Exercises	...	...	...	...	...	...	...	...	...	161
(f) No. of 5 year old entrants who have had Skin Tests	...	...	...	...	...	...	...	...	...	717
Total										2594

PART IV

School Dental Service

									1962
1.	Number of pupils inspected by the Dental Officers:—								
	(a) At Periodic Inspections (123 re-inspected) ...	...	...	...	...	...	...	...	9112
	(b) With Special Appointments ...	...	...	...	...	...	...	...	1395
	TOTAL (1) ...	...	...	...	...	...	...	...	10507
2.	Number found to require treatment ...	...	...	...	...	...	...	...	5713
3.	Number offered treatment ...	...	...	...	...	...	...	...	5713
4.	Number actually treated ...	...	...	...	...	...	...	...	3063
5.	Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	...	...	...	...	...	...	...	8360
6.	Half days devoted to:—								
	(a) Periodic (Schools) Inspections ...	...	...	...	...	...	...	...	85
	(b) Treatment (including 47 Orthodontic Sessions) ...	...	...	...	...	...	...	...	1206
	TOTAL (6) ...	...	...	...	...	...	...	...	1291
7.	Fillings:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	4553
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	1798
	TOTAL (7) ...	...	...	...	...	...	...	...	6351
8.	Number of Teeth filled:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	4022
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	1643
	TOTAL (8) ...	...	...	...	...	...	...	...	5665
9.	Extractions:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	883
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	2142
	TOTAL (9) ...	...	...	...	...	...	...	...	3025
10.	Administration of general anaesthetics for extraction by Dental Officers of the staff								710
11.	Orthodontics:—								
	(a) Cases commenced during the year ...	...	...	...	...	...	...	...	63
	(b) Cases carried forward from previous year ...	...	...	...	...	...	...	...	75
	(c) Cases completed during the year ...	...	...	...	...	...	...	...	41
	(d) Cases discontinued during the year ...	...	...	...	...	...	...	...	9
	(e) Pupils treated with appliances ...	...	...	...	...	...	...	...	168
	(f) Removable appliances fitted ...	...	...	...	...	...	...	...	102
	(g) Fixed appliances fitted ...	...	...	...	...	...	...	...	4
	(h) Total attendances ...	...	...	...	...	...	...	...	599
12.	Number of pupils supplied with artificial teeth ...	...	...	...	...	...	...	...	34
13.	Other operations:—								
	(a) Permanent teeth ...	...	...	...	...	...	...	...	818
	(b) Temporary teeth ...	...	...	...	...	...	...	...	110
	TOTAL (13) ...	...	...	...	...	...	...	...	928

TABLE V

PRIMARY SCHOOLS, SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS
AVERAGE HEIGHTS AND WEIGHTS (Age last birthday)

Heights and Weights—Tables are also given which show the heights and weights of children in 1962 compared with those in 1938.

Age last Birthday	1938		1962	
	Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years				
Boys	3 6	3 0	3 7½	3 2½
Girls	3 6	2 13	3 4½	3 1
Age 10 years				
Boys	4 5	4 10	4 7	5 4
Girls	4 7	5 0	4 7	5 5½
Age 14 years				
Boys	5 2	7 6	5 4½	8 0½
Girls	5 4	7 12	5 2	8 1½
Age 15 years				
Boys	5 6	8 7	5 5½	8 12¼
Girls	5 3	8 2	5 4	8 12½

TABLE VI

CHILD GUIDANCE SERVICE

	SOUTHPORT			L.C.C.	Other	TOTAL
	School-Children		Pre-School Children	School Children		
	L.E.A.S.	Private				
1. No. of new children referred ...	45	4	1 L.C.C.	19	—	69
2. New children in (1) above referred by:						
(a) Family Doctors ...	16	2	1 L.C.C.	2	—	21
(b) School Medical Officers ...	16	1	—	15	—	32
(c) Juvenile Court & Probation Officers ...	1	—	—	—	—	1
(d) Consultant Medical (including Hospital) Staff ...	8	1	—	2	—	11
(e) Children's Officer ...	—	—	—	—	—	—
(f) Chief Education Officer ...	—	—	—	—	—	—
(g) Miscellaneous... ..	4	—	—	—	—	4
TOTAL	45	4	1 L.C.C.	19	—	69
3. No. of individual children seen during year	76	8	1 L.C.C.	12	—	97
4. No. of attendances made by:						
(a) Children	527	23	1 L.C.C.	20	—	571
(b) Parents	316	15	1 L.C.C.	23	—	355
TOTAL	843	38	2 L.C.C.	43	—	926
5. (a) No. of children on waiting list list at commencement of year	24	—	—	5	—	29
(b) No. of children on waiting list at end of year	17	1	—	11	—	28
6. No. of sessions conducted by Consultant Child Psychiatrist (½-day)	—	—	—	—	—	86
7. No. of home visits by Psychiatric Social Worker	38	1	—	13	6	51
8. (a) Children placed during year for residential treatment ...	1	—	—	—	—	1
(b) Children awaiting placement at end of year	—	—	—	1	—	1
9. Lancashire County Council Cases:						
(a) No. of initial diagnostic interviews	—	—	1	9	—	10
(b) No. of subsequent interviews	—	—	—	8	—	8

TABLE VII
HANDICAPPED PUPILS

CATEGORY	No. ASCERTAINED		Total on register at end of 1962	TYPE OF EDUCATION PROVIDED			Requiring Special School accommodation but unplaced at end of year	Refusal by Parent	TOTAL
	Up to 31st Dec. 1961	During Year 1962		Ordinary School (requiring observation)	Day School or Class	Residential School or Class or in-Patient in Hospital			
BLIND	1	—	1	—	—	1	—	—	1
PARTIALLY SIGHTED	4	1	5	3	1	1	—	—	5
DEAF	6	—	6	—	2	3	—	1	6
PARTIALLY DEAF	7	4	11	7	3	1	—	—	11
DELICATE	10	—	10	10	—	—	—	—	10
DIABETIC	2	2	4	2	—	2	—	—	4
EDUCATIONALLY SUB-NORMAL	47	12	59	—	11	9	†35	—	59
EPILEPTIC	6	3	9	6	—	3	—	—	9
MAL-ADJUSTED	9	—	9	6	—	3	—	—	9
PHYSICALLY HANDICAPPED	80	16	96	79	9	8	—	—	96
TOTALS	172	38	210	113	26	31	35	1	210

† This figure includes children in Opportunity Classes awaiting day Special School accommodation and also children recommended for Opportunity Classes who have been able to manage the work in 'C' stream of a senior school.

TABLE VIII

B.C.G. VACCINATION OF SCHOOLCHILDREN

	St. Thomas More	L.E.A. Schools	Private Schools	TOTALS
1. No. of consent forms issued to parents...	141	1174	244	1559
2. (a) No. of parental consents received...	141	940	183	1264 (81·1%)
(b) No. of definite refusals	—	158	19	177 (11·3%)
(c) No. of parents who did not reply...	—	76	42	188 (7·6%)
TOTALS (to agree with No. 1) ...	141	1174	244	1559 (100%)
3. (a) No. of children tested	118	824	168	1110
(b) No. of children with consent forms but not tested	23	116	15	154
TOTALS (to agree with 2(a)) ...	141	940	183	1264
4. No. of children tested and found to be:				
(a) Positive reactors	51	124	18	193 (17·4%)
(b) Negative reactors	67	672	147	886 (79·8%)
(c) No. not read	—	28	3	31 (2·8%)
TOTALS (to agree with 3(a)) ...	118	824	168	1110 (100%)
5. No. of negative reactors vaccinated ...	66	660	146	872
6. No. of sessions in schools by:				
(a) Medical staff	3	18	7	28
(b) Nursing staff	5	20	17	42
TOTALS	8	38	24	70

TABLE IX

TUBERCULIN SKIN TESTING OF SCHOOL ENTRANTS

1.	Number of eligible children	...	...	...	...	...	1078
2.	(a) No. of children already tested	...	...	...	...	52	
	(b) No. of "no replies"	...	...	...	...	130	
	(c) No. of definite refusals	...	...	...	...	72	
	(d) No. of consents received	...	...	...	...	824	
	TOTAL (To agree with (1))	...					1078
3.	(a) No. of children tested	...	...	...	...	717	
	(b) No. of children absent	...	...	...	...	107	
	TOTAL (To agree with 2(d))	...					824
4.	No. of children tested 3(a) above who were found to be:—						
	(a) (i) positive	...	...	...	...	8	(1·1%)
	(ii) positive from previous B.C.G. Vaccination	...	...	...	...	5	(0·7%)
	(b) negative	...	...	...	...	630	(87·9%)
	(c) absent for reading	...	...	...	...	74	(10·3%)
	TOTAL (To agree with 3(a))	...					717
5.	No. of children referred to the Chest Clinic				9
6.	No. of contacts found to have active disease				None

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